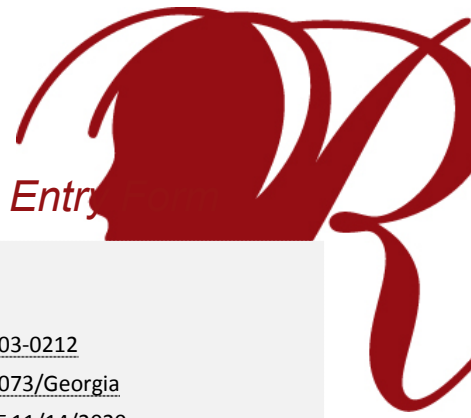


GEORGIA PTA Reflections Student Submission Entry



This section to be completed by PTA before distribution.

LOCAL PTA Level Creek Elementary School LOCAL PTA ID 259315
LOCAL CHAIR Ashley Mostaghimi EMAIL Reflections.LevelCreek@gmail.com PHONE 662-703-0212
COUNCIL PTA Area 2 DISTRICT PTA 12 REGION PTA _____ STATE PTA 50073/Georgia
MEMBER DUES PAID DATE 9/21/2022 INSURANCE PAID DATE 9/13/2022 BYLAWS APPROVAL DATE 11/14/2020

STUDENT NAME _____ **AGE** _____
GRADE _____

TEACHER _____ **PARENT/GUARDIAN**
NAME(S) _____

EMAIL _____ **PHONE** _____

MAILING ADDRESS _____
CITY _____ **GAZIP** _____

Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the National PTA Reflections Official Rules.

STUDENT SIGNATURE _____ (type
accepted)

PARENT/GUARDIAN SIGNATURE _____ (type
accepted)

GRADE DIVISION (Check One)

- PRIMARY (Pre-K-Grade 2)
- INTERMEDIATE (Grades 3-5)
- MIDDLE SCHOOL (Grades 6-8)
- HIGH SCHOOL (Grades 9-12)
- SPECIAL ARTIST (All Grades)

ARTS CATEGORY (Check One)

- DANCE CHOREOGRAPHY
- FILM PRODUCTION
- LITERATURE
- MUSIC COMPOSITION
- PHOTOGRAPHY
- VISUAL ARTS

TITLE OF ARTWORK

DETAILS (If background music is used in dance/film, citation is required. Include word count for literature. List musician(s) or instrumentation for music. List dimensions for photography/visual arts.)

ARTIST STATEMENT (In **10 to 100** words, describe your work and how it relates to the theme, this is equally important as the art submitted)

