



ENTRY FORM

This box is to be completed by PTA before distribution.

PTA LEADER NAME Andrea Stremmel EMAIL clesreflections@gmail.com PHONE 410-313-2800
 PTA ID 0 0 0 1 6 2 0 0 PTA NAME Centennial Lane Elementary PTA, Inc. STATE MD
 COUNCIL PTA Howard DISTRICT PTA N/A REGION PTA N/A
 MEMBER DUES PAID DATE 10/5/2015 INSURANCE PAID DATE 6/6/2017 BYLAWS APPROVAL DATE 5/16/2017

STUDENT NAME _____ GRADE _____ AGE _____ GENDER (optional) _____

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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STUDENT SIGNATURE: _____ PARENT/LEGAL GUARDIAN SIGNATURE: _____

GRADE DIVISION (Check One)

- PRIMARY (Preschool- 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 _____

ARTWORK DETAILS (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) _____

ARTIST STATEMENT (Must be 10 to 100 words describing your work and how it relates to the theme)
