**Entry Form**

***To be completed by PTA before distribution.***

LOCAL PTA: Apollo Elementary PTA LOCAL PTA ID 00023813

LOCAL PROGRAM CHAIR: Amita Nair EMAIL: [reflections@apollopta.org](mailto:reflections@apollopta.org) PHONE: 914-60204877

COUNCIL PTA: 2.6 DISTRICT PTA: Issaquah REGION PTA: 2 STATE PTA : WA

*MEMBER DUES PAID DATE: 10/2020 INSURANCE PAID DATE: 10/2020 BYLAWS APPROVAL DATE: 9/30/2021*

**STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_ AGE \_\_\_\_\_\_ CLASSROOM \_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE WA ZIP \_\_\_\_\_\_\_**

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**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE DIVISION (Check One) ARTS CATEGORY (Check One)**

🞎 PRIMARY (Pre-K-Grade 2) 🞎 DANCE CHOREOGRAPHY

🞎 INTERMEDIATE (Grades (3-5) 🞎 FILM PRODUCTION

🞎 MIDDLE SCHOOL (Grades 6-8) 🞎 LITERATURE

🞎 HIGH SCHOOL (Grades 9-12) 🞎 MUSIC COMPOSITION

🞎 SPECIAL ARTIST Elementary (Pk-5 grades) 🞎 PHOTOGRAPHY

🞎 SPECIAL ARTIST Secondary 6-12 Grades) 🞎 VISUAL ARTS

**TITLE OF WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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)

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