

## **ENTRY FORM**

This box is to be completed by PTA before o	distribution.					
PTA LEADER NAMEKaren Restivo	EMAIL	restivo514@cox.ne	et <i>PHO</i>	NE(310) 377-3	3005	
PTA ID 00006449 PTA NAMELunada Ba	ay PTA		_STATECA		_	
COUNCIL PTAPalos Verdes Peninsula	_ DISTRICT PTA33rd	33 <sup>rd</sup> REGION PTA		West/Southern		
MEMBER DUES PAID DATE8/28/17	INSURANCE PAID DAT	E11/16/16	BYLAWS AF	PPROVAL DATE_(	6/6/17	
STUDENT NAME		GRADE	_AGE	GENDER (opti	onal)	
PARENT/GUARDIAN NAME		EMAIL		PHONE		
MAILING ADDRESS		CITY		STATE	ZIP	
Ownership in any submission shall remain the permission and consent that PTA may display works for PTA purposes. PTA is not responsite constitutes acceptance of all rules and conditions.  STUDENT SIGNATURE:	y, copy, reproduce, en ble for lost or damage ions. I agree to the abo	hance, print, sub d entries. Submi ve statement an	olicense, publish, ission of entry ir d the National P	distribute and the	d create derivativ eflections prograi	
STODENT SIGNATURE.	PARENTY	LLUAL GUANDIA	N SIGNATORE			
GRADE DIVISION (Check One)  □ PRIMARY (Preschool- Grade 2) □ HIGH SCHOOL (Grades 9-1: □ INTERMEDIATE (Grades 3-5) □ SPECIAL ARTIST (All Grades □ MIDDLE SCHOOL (Grades 6-8)				•		
TITLE OF ARTWORK						
ARTWORK DETAILS (Dance/Film: cite backgro				ture: word cou	nt; Photo/Visual	
ARTIST STATEMENT (Must be 10 to 100 word	ds describing your work	and how it relat	es to the theme	•)		

