



÷Beauty isí ö
 2009-2010 PTA Reflections Program
 LOCAL PTA PARTICIPATION FORM

The following information is required from all local PTAs participating in the Reflections Program. Please complete this form and forward it with your Reflections Program entries to the next level of judging. This form documents the number of entries submitted to the Reflections Program at the local PTA level. *Please provide all of the information requested.*

This form is to be completed by the local PTA representative.

Local PTA Information

PTA/PTSA name _____

PTA/PTSA address _____

City _____ State _____ ZIP _____

PTA/PTSA president's name _____

Reflections Program chair's name _____

Reflections Program chair's address _____

City _____ State _____ ZIP _____

Phone () _____ Email _____

School name _____

School address _____

City _____ State _____ ZIP _____

Total number of student enrolled in the school _____

Total number of student participating in the Reflections Program _____

	Total entries received	Total entries forwarded
Dance choreography		
Film production		
Literature		
Musical composition		
Photography		
Visual Arts		
Total number of entries		

Please send this completed form with your entries to the next level of judging.