

## **ENTRY FORM – WASHINGTON**

To be completed by PTA before distribution.  LOCAL PTA NAME Spir  LOCAL REFLECTIONS CHAIR NAME  LOCAL REFLECTIONS CHAIR EMAIL  COUNCIL PTA Bellevue 2.3  MEMBER DUES PAID DATE (most recent) 1	Chandra Pandey reflection@spiritridge	PHONE	4256153693
	Please Print Clear		
STUDENT NAME			
PARENT/GUARDIAN NAME		EMAIL	
PHONE	MAILING ADDRESS		
CITY	STATE <u>\</u>	<u>NA</u> ZIP CODE	
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STUDENT SIGNATURE	PARENT/G	UARDIAN SIGNATURE	·
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)	□ DANC □ FILM F □ VISUA	TEGORY (Check One) E CHOREOGRAPHY PRODUCTION L ARTS – 2D L ARTS – 3D	☐ MUSIC COMPOSITION
TITLE OF WORK			
DETAILS (see below)			
<b>DETAILS:</b> List <u>background music</u> us instrumentation for <b>music</b> . List <u>din</u> <b>ARTIST STATEMENT</b> (In 10 to 100 v	ed in <b>dance/film</b> , if any. Li nensions for <b>photography</b> ,	st <u>word count</u> for <b>lite</b> <b>/visual arts</b> and <u>med</u> i	ium/materials for visual arts.

(you may attach additional paper for artist statement)

