



Reflections Form B

This form is to be completed by the local PTA Reflections chairman and sent with entries.

circle one PTA PTSA

PTA/PTSA unit name _____

Reflections Chair _____

Address _____

E-mail _____ Phone _____

PTA/PTSA Unit President _____ Phone _____

School District _____ City _____

Mailing address for return of artwork:

Name _____

Address _____

City _____ Zip _____

Please list the names of students submitting entries. Please print legibly!

This list will aid us if individual entry forms become detached and if we cannot read the student's name on the entry form.

Literature

Visual Arts

Photography

Musical Composition

Dance Choreography

Film/Video Production

Please complete this form and send with entries to Iowa PTA by January 31.
Iowa PTA, 8345 University Blvd., Suite F1, Des Moines, IA 50325-1168