

## **Entry Form**

ADDRESS		CITY	S	TATE	ZIP
PARENT/GUARDIAN NAME		EMAIL			
STUDENT NAME		GRADE	AGE	PHONE	
MEMBER DUES PAID DATE _	INSURAN	CE PAID DATE	BYLAWS AP	PROVAL DATE	
COUNCIL PTA Elmhurst				STATE PTA	
LOCAL PROGRAM CHAIR	Leslie Schlesinger	EMAILleslie.schlesing	ger@gmail.com	PHONE	
LOCAL PTAEdison School		LOCAL PTA ID			
To be completed by PTA be	fore distribution.				

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STUDENT SIGNATURE	PARENT/GUARDIAN 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)	ARTS CATEGORY (Check One) DANCE CHOREOGRAPHY FILM PRODUCTION LITERATURE MUSIC COMPOSITION PHOTOGRAPHY 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)



