

REFLECTIONS VISUAL ARTS /STUDENT ENTRY FORM (B) 20010-2011

Name of PTA/PTSA School _____

Address/City/Zip of School _____

Name of Contact Person _____

Phone Number of Contact Person (day) _____ (evening) _____

PTA Council Affiliation _____

**VISUAL ARTS – Names of Visual Arts entrants advancing to State Level
Primary – 2**

1. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

2. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

Grades 3 – 5

1. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

2. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

Grades 6 – 8

1. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

2. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

Grades 9 – 12

1. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

2. _____
Name Address/City/Zip Phone
Grade Division _____ Title of Work _____

Ship this form along with entries to:

**Elleen Laughlin
153 S. 10th Ave.
Beech Grove, IN 46107-1944**