

REFLECTIONS PHOTOGRAPHY /STUDENT ENTRY FORM (B) 2009-2010

Name of PTA/PTSA School_____

Address/City/Zip of School_____

Name of Contact Person_____

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

PTA Council Affiliation_____

PHOTOGRAPHY- Names of Photography 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**