

National PTA[®] Reflections Student Entry Form – WASHINGTON



2017-18

Non-Council 🗆 COUNCIL NAME PTA NAME:	REGION #	STATE_	
	NATIONAL 8-DIGIT	D #	STATE ID #
REFLECTIONS CHAIR NAME: PTA ADDRESS:			
PTA ADDRESS:		_ CHAIRPERSON PHONE:_	
LOCAL PTA PARTICIPATION ELIGIBILI	TY FOR REFLECTIONS WIL	L BE VERIFIED AS NEEDED BY	Y WSPTA
STUDENT INFORMATION	ALL FIELDS REQUIRED	EXCEPT WHERE OTHERW	/ISE STATED)
Turn-In Deadline:	TEA	CHER:	
MAILING ADDRESS:			
СІТУ:		STATE:	ZIP:
PARENT/GUARDIAN NAME(S):			
PARENT/GUARDIAN PHONE: By participating in this program and submitting this application of student at any WSPTA events in all publications that per Ownership in any submission shall remain the property of the	on you are allowing WSPTA tain to WSPTA, including b	to use the student information, s ut not limited to, posting on th	student image, artwork, and video recordin e WSPTA website and social media page:
PARENT/GUARDIAN PHONE:	on you are allowing WSPTA tain to WSPTA, including b e entrant, but entry into this ish, distribute, and create de constitutes acceptance of a	to use the student information, s ut not limited to, posting on th program constitutes entrant's i rivative works for PTA purposes I rules and conditions. I agree to	student image, artwork, and video recordin ne WSPTA website and social media pages rrevocable permission and consent that PT. . PTA is not responsible for lost or damage to the above statement and the National PT.
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