

2016-17 WCPTA Reflections Program Local School Level Unit Participation Form



“What Is Your Story?”



Email Leah Williams, WCPTA Chair, if you have questions: reflections@wakepta.org

PTA/PTSA Information

8---Digit National PTA ID Number (not EIN)

PTA/PTSA Official Name

Address

City

State

Zip

School Information

School Name

Email

Phone Number

Principal Name

School Address

City

State

Zip

Reflections Chair Information

First Name

Last Name

PTA/PTSA Title

Chair personal Phone #

Chair personal Email

Total number of students enrolled at school: _____

Total number of students participating in Reflections Program: _____

ART Category	Total number of entries received at school	Grand Total of entries moving to county level in each art category
Dance		
Film		
Literature		
Music		
Photography		
Visual Arts 2D/3D (write total in boxes)	<input type="text"/> 2D <input type="text"/> 3D	<input type="text"/> 2D <input type="text"/> 3D
SPECIAL ARTIST PIECES TOTAL ➡		
Total Number of Entries		

Circle the appropriate Age division

PRIMARY

INTERMEDIATE

MIDDLE/JR

SENIOR/HIGH

Did you view film, dance, music pieces for accuracy? _____

Did you verify they are the correct MP3 or MP4 format? _____

Are all CDs & Thumb Drives Labeled? _____

Are you aware you MUST attend both WCPTA Drop-off & Pick-up? _____