

TEACHER _____



ENTRY FORM

This box is to be completed by PTA before distribution.

PTA LEADER NAME _____ Marcia Bennett (President) _____ EMAIL _____ goldenoakpta@gmail.com _____ PHONE _____ (661) 251-8929
 PTA ID _____ 01717795 _____ PTA NAME _____ Golden Oak PTA _____ STATE _____ California
 COUNCIL PTA _____ Sulphur Springs School District _____ DISTRICT PTA _____ Santa Clarita Valley _____ REGION PTA _____ 34th District
 MEMBER DUES PAID DATE _____ 5-31-17 _____ INSURANCE PAID DATE _____ 8-24-16 _____ BYLAWS APPROVAL DATE _____ 6-10-15

STUDENT NAME _____ GRADE _____ AGE _____ GENDER (optional) _____

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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STUDENT SIGNATURE: _____ PARENT/LEGAL GUARDIAN SIGNATURE: _____

GRADE DIVISION (Check One)

- PRIMARY (Preschool- 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 ARTWORK _____

ARTWORK DETAILS (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) _____

ARTIST STATEMENT (Must be 10 to 100 words describing your work and how it relates to the theme)
