



“Beauty is . . .”

2009–2010 PTA Reflections Program
COUNCIL PTA PARTICIPATION FORM

The following information is required from all council PTAs participating in the Reflections Program. Please complete this form and forward it with your Reflections Program entries to the next level of judging. This form documents the number of entries submitted to the Reflections Program at the local and council PTA levels. *Please provide all of the information requested.*

This form is to be completed by the **COUNCIL** PTA chair.

Council PTA Information

Council PTA name _____

Council PTA address _____

City _____ State _____ ZIP _____

Reflections Program chair’s name _____

Reflections Program chair’s address _____

City _____ State GA ZIP _____

Phone () _____ E-mail _____

Number of local PTAs in council _____

Number of local PTAs participating in the program _____

Council PTA Information

	Total entries received	Total entries forwarded
Dance choreography		
Film production		
Literature		
Musical composition		
Photography		
Visual arts		
Total number of entries		

Local PTA Information

Total entries received by <i>all</i> local PTAs in your council (Total number of entries received based on participation forms submitted to the council)	
Dance choreography	
Film production	
Literature	
Musical composition	
Photography	
Visual arts	
Total number of entries	

Please send this completed form with your entries to the STATE level of judging.