

  
 Region # 5  
 Council Hunter

## ENTRY FORM

*To be completed by PTA before distribution.*

PTA Name West Valley Elementary PTA ID# (8 Digits) 00174317  
 REFLECTIONS CHAIR NAME Emily Noffsinger EMAIL emily@noffsinger.org PHONE 801-967-3869  
 PTA ADDRESS 6049 Brud Drive, WVC UT 84128 COUNCIL Hunter REGION # 5  
 DATE MEMBERSHIP PAID 9/21/2018 DATE INSURANCE PAID 8/15/18 BYLAWS EXPIRATION DATE 11/1/19

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ TEACHER \_\_\_\_\_  
 PARENT/GUARDIAN NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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STUDENT SIGNATURE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**GRADE DIVISION (Check One)**

- PRIMARY-Red (Pre-K-Grade 2)
- INTERMEDIATE-Yellow (Grades 3-5)
- MIDDLE SCHOOL-Green (Grades 6-8)
- HIGH SCHOOL-Blue (Grades 9-12)
- SPECIAL ARTIST-Orange (All Grades)

**ARTS CATEGORY (Check One)**

- |   |   |
|---|---|
| <input type="checkbox"/> DANCE CHOREOGRAPHY | <input type="checkbox"/> PHOTOGRAPHY    |
| <input type="checkbox"/> FILM PRODUCTION    | <input type="checkbox"/> 2D VISUAL ARTS |
| <input type="checkbox"/> LITERATURE         | <input type="checkbox"/> 3D VISUAL ARTS |
| <input type="checkbox"/> MUSIC COMPOSITION  |   |

TITLE OF WORK \_\_\_\_\_ DETAILS \_\_\_\_\_

If background music is used in **dance/film**, citation is required. Include word count for **literature**. List musician(s) or instrumentation for **music**. List dimensions for **photography/visual arts**

**ARTIST STATEMENT** (In 10 to 100 words, describe your work and how it relates to the theme)

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