



ENTRY FORM

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 PTA ID 00169281 PTA NAME Joe E. Newsome High School PTSA STATE Florida
 PTA ADDRESS 16550 Fishhawk Blvd. CITY Lithia COUNTY Hillsborough
 FLORIDA MEMBER DUES PAID DATE _____ IRS 990 FILED DATE _____ BYLAWS FLORIDA APPROVAL DATE _____
 (Must be paid prior to next level of judging) (Must be filed by 11-15-17) (Must not expire prior to 05-01-18)

PRINT USING INK OR TYPE. DO NOT ABBREVIATE. COMPLETE EVERY SECTION.

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

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE Florida 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. Attach separate paper if needed.) _____