



# Virginia Beach Council of PTAs 2009 1<sup>st</sup> Place Reflections Entry Submission

**School Name:** \_\_\_\_\_

\*This form **MUST** be completed and turned in with your entries on November 5<sup>th</sup> or November 7<sup>th</sup> to council for judging. Please make additional copies as needed, only elementary schools will need to use the second column.

**No Late Entries Will Be Accepted**

**Music**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Music**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Dance/ Choreography**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Dance/ Choreography**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Literature**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Literature**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Visual Arts**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Visual Arts**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Film Production**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Film Production**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Photography**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Photography**

**Name:** \_\_\_\_\_

**Address/ZIP:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_