



**NATIONAL PTA REFLECTIONS® PROGRAM  
COUNCIL, DISTRICT AND REGION**



**ALABAMA**

**PTA REGISTRATION FORM**

**PTA/PTSA INFORMATION**       COUNCIL       DISTRICT       REGION

Official PTA/PTSA Name:		National 8-Digit ID Number:	
Address:	City:	State:	ZIP Code:
Reflections Chair Full Name:			
Title:	Phone:	Email:	

**REPORT PTA PARTICIPATION**

<p><b>Enter the total number of PTAs within your area.</b></p> <p>_____ Local Units          _____ Councils          _____ Districts          _____ Regions</p>	<p><b>Enter the total number of PTAs participating in Reflections from your area.</b></p> <p>_____ Local Units          _____ Councils          _____ Districts          _____ Regions</p>
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**NUMBER OF STUDENT ENTRIES RECEIVED AND ADVANCED**

**By division, how many entries did your PTA receive in each arts category?**

	Dance	Film	Literature	Music	Photography	Visual Arts
Primary						
Intermediate						
Middle School						
High School						
Special Artist						
<b>TOTALS:</b>						
<b>GRAND TOTAL:</b>						

**By division, how many entries did your PTA advance to the next judging round in each arts category?**

	Dance	Film	Literature	Music	Photography	Visual Arts
Primary						
Intermediate						
Middle School						
High School						



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Special Artist						
TOTALS:						
GRAND TOTAL:						

**How do you celebrate your Reflections program?**

- Public Announcements
- School Events
- Community-wide Events
- PTA meetings
- School Board Meetings
- Other

Comments

**STATE SUBMISSION INSTRUCTIONS: SEE SUGGESTED OPTIONS BELOW**

**OPTION A. SUBMIT FORM ONLINE AT PTA.ORG/REFLECTIONS**

**OPTION B. SUBMIT FORM WITH ADVANCING ENTRIES**

**STATE ARTS CHAIR-Paula Lyman**

**334- 354-0937**

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