

Entry Form

	LOCAL PTA ID			
LOCAL PROGRAM CHAIR Libby Hoppe	EMAILlibbyhoppe@gi	nail.com	PHONE <u>913</u>	-406-7213
LOCAL PROGRAM CHAIR Libby Hoppe COUNCIL PTA Elmhurst DISTRICT PTA	REGION PTA	upage East	STATE PTAIL	·
MEMBER DUES PAID DATE INSUR	RANCE PAID DATE	BYLAWS A	APPROVAL DATE	
TUDENT NAME	GRADE	AGE	PHONE_	
ARENT/GUARDIAN NAME	EMA	AIL		
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ARTIST STATEMENT (In 10 to 100 words, describe your work and how it relates to the theme)



