PTA REFLECTIONS

Oregon PTA Reflections
School Entry Submission Form

(Make Additional Copies As Needed)

Region #/Council Name: _____ Please Print Clearly!!!! Page _____ of _____

Region/Council Reflections Chair: _____

Delivered to State by: _____ Date: _____

Received by State representative: _____ Date: _____

Art Area	Age Division	Student Name	PTA/PTSA	Title of Work	Notes