

Entry Form

LOCAL PTA Kingsley School	I PTA LOCAL PTA ID 0 0	0 0 3 4 7 6	_	
LOCAL PROGRAM CHAIR Corinne Coop	per EMAIL _ corinne.coop	<u>@gmail.com</u> рно	NE 630-969-2583	
COUNCIL PTA DISTRICT P	PTA District 58 REGION PTA DU	Page East STA	TE PTAIllinois	
MEMBER DUES PAID DATE 10/20/19	INSURANCE PAID DATE 9/12/19	Hegion BYLAWS APPROVA	L DATE 6/7/18	
TUDENT NAME	GRADE	AGE F	PHONE	
PARENT/GUARDIAN NAME	EMA	EMAIL		
ADDRESS	CITY	STATE	ZIP	
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ARTIST STATEMENT (In 10 to 100 words, describe your work and how it relates to the theme)



