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Pin Contest -- Entry Form

To be completed by PTA before distribution.

Local PTA Name _____ PTA President Name: _____

President's Email: _____ Member Dues Paid Date _____

Insurance Paid Date _____ Bylaws Approval Date _____

Student's Name _____ Age: _____ Grade: _____

Parent/Guardian Name _____ Email _____

Phone _____ Mailing Address _____

City _____ Zip _____

Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for PTA purposes. Kentucky PTA is not responsible for lost or damaged entries. Submissions of entry into the KY PTA Pin Contest constitutes acceptance of all rules and conditions. I agree to the above statement and the KY PTA Pin Contest Official Rules.

Student Signature _____ Parent/Guardian Signature _____

For Office Use Only: Date Received _____ Is PTA/PTSA currently in good standing? _____