

Council Name: _____

District #: _____

2009–2010 PTA Reflections Program STUDENT ENTRY FORM

Theme: "Beauty is . . ."

Directions: Please type or print clearly in black or blue ink (do not use pencil). Completely fill out the form down to and including the required signatures. Leave the boxed area for local PTA information blank. If you need more space, use the back of this form or an extra sheet of paper. Be sure to write your full name on any additional pages.

Grade _____

Age _____

Gender M F

Grade Division (check one)

Primary: preschool–grade 2

Intermediate: grades 3–5

Middle/Junior: grades 6–8

Senior: grades 9–12

Arts Area (check one)

Dance Choreography

Film Production

Literature

Musical Composition

Photography

Visual Arts

Title of Work

Required Artist Statement

Explain how your work relates to the theme. _____

See attached (Please print your name on any attached sheets.)

REQUIRED INFORMATION

Photography and Visual Arts: Give the dimensions of the work in inches, including mat. L _____ W _____

Photography: Location/date of shot: _____

Describe the type of camera and process used in preparing the piece. _____

Visual Arts: Describe the medium (crayons, oil on canvas, etc.). _____

Dance Choreography: Name(s) of performer(s): _____

Film Production: Name(s) of person(s) appearing in your film: _____

Was a computer used? If so, name the software and hardware. _____

Dance Choreography and Film Production: Credit the background music below (title, composer, and performer). _____

Musical Composition: Check one: Traditional Instrumentation Synthesizer

Name(s) of person(s) who performed your composition: _____

Was a computer used? If so, name the software and hardware. _____

Are lyrics included? If so, how do your lyrics complement your composition? _____

----- F o l d h e r e -----

Student's first name _____ Middle intl. _____ Last name _____

Address 1 _____ Address 2 _____

City _____ State _____ ZIP _____

Phone ☎ () _____ E-mail ✉ _____

PTA includes the national, state, district/region, council, and local PTA/PTSA organization or unit. I grant PTA permission to use my works for commercial or noncommercial use, including but not limited to public presentation of the work and reproduction of the work in print, electronic, and multimedia formats to promote the Reflections Program. PTA may continue to use my work as long as it has access to a copy or to a slide. PTA is not responsible for lost or damaged works. Entries may not be returned. I understand that I must participate in the Reflections Program through a PTA/PTSA in good standing. I affirm that this is my own original work. As parent of the student, I grant PTA permission to use and publish my child's name and school. **I understand that the submission of my entry into the Reflections Program constitutes acceptance of the above conditions.**

Signature of student _____ Signature of parent/legal guardian (necessary if child is under 18 years) _____

TO BE COMPLETED BY LOCAL PTA Check one: PTA PTSA Local eight-digit PTA ID: _____

Local chair name _____ Official PTA/PTSA name _____

PTA address _____ City _____ State _____ ZIP _____

E-mail _____ Phone () _____

Local PTA good standing status: Membership dues paid date ___/___/___ Insurance paid date ___/___/___ Bylaws approval date ___/___/___