2008–2009 PTA Reflections Program Student Entry Form

Theme: **"Wow!"**

Directions: Please print clearly. 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 name on any additional pages.

Grade _____

Age _____

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)

- ☐ Literature
- ☐ Musical Composition
- ☐ Photography
- ☐ Visual Arts
- ☐ Dance Choreography
- ☐ Film Production

Title of Work _____

Required Artist Statement
How does your work connect 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: Describe the process used in preparing the piece. _____

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

Dance Choreography: Who performed your choreography? _____

Film Production: Respond to the following:

Who appears in your film? _____

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

Dance Choreography and Film Production: Credit the background music below.

_____

Musical Composition: Respond to the following: **Check one:** ☐ Traditional Instrumentation ☐ Synthesizer

Who performed your composition for your recording? _____

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

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

Fold here

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

Address 1 _____ Address 2 _____

City _____ State _____ ZIP _____

Phone ☎ ( ) _____ E-mail _____

PTA includes the national, state, district, 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. **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 __/__/__