

 **2010–2011 PTA Reflections Program | STUDENT ENTRY FORM** Theme: “Together We Can”

**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.

	<b>Grade Division</b> (check one)	<b>Arts Area</b> (check one)
Grade _____	<input type="checkbox"/> Primary: preschool–grade 2	<input type="checkbox"/> Dance Choreography
Age _____	<input type="checkbox"/> Intermediate: grades 3–5	<input type="checkbox"/> Film Production
	<input type="checkbox"/> Middle/Junior: grades 6–8	<input type="checkbox"/> Literature
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Senior: grades 9–12	<input type="checkbox"/> Musical Composition
		<input type="checkbox"/> Photography
		<input type="checkbox"/> Visual Arts

**Title of Work:** \_\_\_\_\_

**Required Artist Statement:**  
 Explain how your work \_\_\_\_\_  
 relates to the theme. \_\_\_\_\_  
 (Maximum 250 words)  **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  \_\_\_\_\_

I assign to National PTA copyright in my works submitted for the Reflections Program. National 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) \_\_\_\_\_

<b>TO BE COMPLETED BY LOCAL PTA</b>		<b>Check one:</b> <input type="checkbox"/> PTA <input type="checkbox"/> PTSA	<b>Local eight-digit PTA ID:</b> _____
Local chair name _____	Official PTA/PTSA name _____		
PTA address _____	City _____	State _____	ZIP _____
E-mail _____	Phone (____) _____		
<b>Local PTA good standing status:</b> <input type="checkbox"/> Membership dues paid date __/__/__ <input type="checkbox"/> Insurance paid date __/__/__ <input type="checkbox"/> Bylaws approval date __/__/__			



## PTA Reflections Parent/Guardian Consent Form

I give my permission for my son/daughter, \_\_\_\_\_ (NAME), to participate in the taping, photographing, or audio recording of a PTA® Reflections<sup>SM</sup> entry. I give consent for said student's voice and or physical appearance to be included in the entry and agree that National PTA® shall be the exclusive owner of copyright in such taping, photography or recording. This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other National PTA purposes. I understand that these entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of student submitting the entry: \_\_\_\_\_

I have read and understand the rules of the Reflections Program.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*For Reflections participants: This completed form must accompany the artwork submission and Student Entry Form if another person appears in the submission who is under the age of 18.*