



Form MUST be printed on WHITE paper.

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. 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 Division (check one)
Arts Area (check one)
Grade \_\_\_\_\_
Age \_\_\_\_\_
Gender [ ] M [ ] F
[ ] Primary: preschool-grade 2
[ ] Intermediate: grades 3-5
[ ] Middle/Junior: grades 6-8
[ ] Senior: grades 9-12
[ ] Literature
[ ] Musical Composition
[ ] Photography
[ ] Visual Arts
[ ] Film Production
[ ] Dance Choreography

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

Literature: word count \_\_\_\_\_ must not exceed 2,000 words

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? \_\_\_\_\_

Dance Choreography, Film Production and Musical Composition Time: \_\_\_\_\_

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 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. 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 NPTA eight-digit PTA ID: \_\_\_\_\_

Local PTA Number . .

Local chair name \_\_\_\_\_ Official PTA/PTSA name \_\_\_\_\_

Chair's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Local PTA good standing status: [ ] Membership dues paid date \_\_/\_\_/\_\_ [ ] Insurance paid date \_\_/\_\_/\_\_ [ ] Standing rules approval date \_\_/\_\_/\_\_