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.

Grade Division (check one)

Grade ____
Age ____
Gender ☐M ☐F

☐ 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? _____

----------**FOLD HERE**----------

Student's first name_____ Middle initial_____ 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. **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 _(_____)_____ **PTA Council**_____

Local PTA good standing status: ☐ Membership dues paid ☐ Audit submitted to GA PTA