

11-12 GEORGIA PTA SPECIAL ARTIST ENTRY FORM Theme: "Diversity means ..."

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 _____ Primary: preschool–grade 2
 Age _____ Intermediate: grades 3–5
 Middle/Junior: grades 6–8
 Gender M F Senior: grades 9–12

Arts Area (check one)

- Literature
 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.). _____

Signature of Special Needs Teacher x _____



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

Student's first name _____ Middle initial _____ Last name _____

Address 1 _____ Address 2 _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

Georgia PTA includes the district, council, and local PTA/PTSA organization or unit. I grant Georgia PTA permission to use my works for 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 GSA Reflections Program. Georgia PTA may continue to use my work as long as it has access to a copy or to a slide. Georgia PTA is not responsible for lost or damaged works. 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

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: Per state By-laws Yes No