

# 2009–2010 PTA Reflections Program

Theme:  
*“Beauty is...”*

## Student Entry Form

**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.

	<b>Grade Division</b> (check one)	<b>Arts Area</b> (check one)
Grade _____	_____ Primary: Preschool–Grade 2	_____ Literature
Age _____	_____ Intermediate: Grades 3–5	_____ Musical Composition
	_____ Middle/Junior: Grades 6–8	_____ Photography
	_____ Senior: Grades 9–12	_____ Visual Arts
Gender M___F___		_____ Dance Choreography
		_____ Film Production

**Title of work (if any)** \_\_\_\_\_

**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:** Location/Date of shot . \_\_\_\_\_

Describe the type of camera used and 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 video? \_\_\_\_\_

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:

Circle 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 name _____	Last name _____
Address 1 _____	Address 2 _____	
City _____	State _____	ZIP _____
Phone ( ) _____	E-mail address _____	

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 <input type="checkbox"/>	PTSA <input type="checkbox"/>
Local chair first name _____	Local chair last name _____	Phone ( ) _____
E-mail _____	PTA/PTSA name _____	
PTA address _____	City _____	State _____ ZIP _____
Local Eight-Digit PTA ID _____		

Local PTA good standing status _____	Membership dues date paid _____	Insurance paid date XX__	Bylaws approval date _____
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**City/Council** \_\_\_\_\_ **District** \_\_\_\_\_

