

2012–2013 PTA Reflections Program STUDENT ENTRY FORM

Theme: "The Magic of a Moment"

Directions: Entrant/Parents please completely fill out the form including the required signatures. Leave the boxed area for local PTA information blank for the local chair to complete. If you need more space, use an extra sheet of paper and label any additional pages.

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
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Middle/Junior: grades 6–8	<input type="checkbox"/> Literature
	<input type="checkbox"/> Senior: grades 9–12	<input type="checkbox"/> Musical Composition
	<input type="checkbox"/> Special Artist: all grades	<input type="checkbox"/> Photography
		<input type="checkbox"/> Visual Arts

Title of Work (Required):

Required Artist Statement:
Explain how your work relates to the theme. (Max. 100 words)

REQUIRED INFORMATION

Dance Choreography and Film Production: Name(s) of performer(s):

Credit the background music (title, composer, lyricist, and performer).

Film Production: Brand and model of camera?

Did you use film-editing software? If so, which software?

Musical Composition: Check one: Traditional Instrumentation Midi Instrumentation

If traditional instrumentation, what instruments?

Name(s) of person(s) who performed your composition:

Did you use music composition software? If so, which software?

Photography: Location and date of shot

Camera and process used in preparing the piece?

Visual Arts: Describe the medium (Crayons, oil, etc)

Photography and Visual Arts: Dimensions of the work in inches, including mat.

L

W

Student first name _____

MI _____

Student last name _____

Parent/Guardian name _____

HR Teacher name _____

Address _____

City _____

State _____

ZIP _____

Parent/Guardian Phone () _____

Parent/Guardian E-mail _____

I grant to National PTA and all subsidiaries an irrevocable, unlimited license to display, copy, sell, sublicense, publish, and create and sell derivative works from, my work 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 under 18 years) _____

TO BE COMPLETED BY LOCAL PTA County _____ Check one: PTA PTSA Local eight-digit PTA ID: _____

Local chair name _____ Official PTA/PTSA name _____

PTA address _____ City _____ State _____ ZIP _____

Chair E-mail _____ Chair Phone () _____

Local PTA good standing status per State By-Laws: Yes No missing _____