

# 2007–2008 PTA Reflections Program

## Official Entry Form

Theme:  
**I can make a  
difference by...**

**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.

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

Title of work (if any) \_\_\_\_\_  
Optional artist statement \_\_\_\_\_

### Required Information

**Photography and Visual Arts:** Give the dimensions of the work in inches, including mat. \_\_\_\_\_

**Photography:** Describe the process used in preparing the piece. \_\_\_\_\_

**Visual Arts:** Describe the media (crayons, oil on canvas, etc.). \_\_\_\_\_

**Dance Choreography:** Who performed your choreography? \_\_\_\_\_

**Film/Video 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/Video 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*) \_\_\_\_\_

<b>To be completed by local PTA</b>		Circle one: PTA	PTSA
Local chair first name _____	Local chair last name _____	Phone ( ) _____	
E-mail _____	PTA/PTSA name _____		
PTA address _____	City _____	State _____	ZIP _____
Local Eight-Digit PTA ID 00 _____	County: _____		

<b>Local PTA good standing status</b>	Membership dues date paid _____	Insurance paid date _____	Bylaws approval date _____
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