

 **2011-2012 PTA Reflections Program | STUDENT ENTRY FORM | Theme: "Diversity Means. . ."**

Directions: Please type or print clearly in black or blue ink (no pencil). Completely fill out the form down to and including the required signatures. Boxed area for local PTA information at the bottom of this form must be completed by local PTA Reflections Chair. Be sure to include your full name on any additional pages.

	Grade Division (check one)	Arts Area (check one)
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"/> Photography
		<input type="checkbox"/> Visual Arts

Title of Work (Required): _____

Required Artist Statement Explain how your work relates to the theme. (Maximum 250 words) Please include your name on any attached sheets.

REQUIRED INFORMATION

Dance Choreography: Name(s) of performer(s): _____

Film Production: Name(s) of person(s) appearing in your film: _____

Film Production: Did you use film-editing software? If so, which software? _____

Dance Choreography and Film Production: Credit the background music Below (Include Title, Composer, and Performer).

Musical Composition: Check one: Traditional Instrumentation Midi Instrumentation

Musical Composition: Name(s) of person(s) who performed your composition: _____

Musical Composition: Did you use Music composition software? If so, which software: _____

Photography: Location and date of shot: _____

Photography: Describe the type of camera and process used in preparing the piece. _____

Visual Arts: Describe the medium (crayons, oil on canvas, etc.). _____

Photography and Visual Arts: Give the dimensions of the work in inches, including mat. L _____ W _____

Consent Form(s) Attached? Check one: YES NO Consent Form(s) only mandatory if a child or adult's recognizable image or voice is included.

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

Address _____ Address 2 _____

City _____ State Florida ZIP _____

Phone () _____ E-mail _____

I grant National PTA 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.

Full Signature of student _____ Signature of parent/legal guardian (necessary if child is under 18 years) _____

TO BE COMPLETED BY LOCAL UNIT PTA	Check one: <input type="checkbox"/> PTA <input type="checkbox"/> PTSA	Local Unit eight-digit PTA ID: _____
Local Chair Name _____	Full and Official PTA/PTSA Name _____	
PTA Address _____	City _____	State FL ZIP _____ COUNTY _____
Local Chair E-mail _____	Local Chair Phone _____	
Local Unit PTA good standing status:	<input type="checkbox"/> Membership dues paid date ____/____/____	<input type="checkbox"/> Bylaws approval date ____/____/____