

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 _____	Grade Division (check one)	Arts Area (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) _____
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*) _____

To be completed by local PTA		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	TXPTA Local Unit # _____	Council # _____ Area # _____

Local PTA good standing status	Membership dues date paid _____	Insurance paid date _____	Bylaws approval date _____
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