

National PTA Reflections® Program Student Entry Process “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 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
	<input type="checkbox"/> Middle/Junior: grades 6–8	<input type="checkbox"/> Literature
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<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: Name(s) of performer(s): _____

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

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

Dance Choreography and Film Production: Credit the background music below (title, composer, lyricist, and performer). _____

Musical Composition: Check one: Traditional Instrumentation Midi Instrumentation

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

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

Photography: Location/date of shot _____

Describe the type of 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's first name _____ **MI** _____ **Last name** _____

Parent/Guardian First name _____ **Last name:** _____

Address 1 _____ **Address 2** _____

City _____ **State** _____ **ZIP** _____

Phone ☎ () _____ **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)

