

# 2009-2010 National PTA Reflections Program Student Entry Form

Theme:  
"Beauty is..."

**Directions: PLEASE PRINT ONLY! Also, TWO (2) COPIES of the Student Entry Page MUST accompany each entry!**  
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 _____ Age _____	<b>Grade Division</b> (check one) Primary: Preschool–Grade 2 _____ Intermediate: Grades 3–5 _____ Middle/Junior: Grades 6–8 _____ Senior: Grades 9–12 _____	<b>Arts Area</b> (check one) Dance Choreography _____ Film Production _____ Literature _____ Music _____ Photography _____ Visual Arts _____	<b>NYS Specific Information:</b> Would you like this entry to be considered as a Special Education entry? _____ No _____ Yes If yes, please indicate developmental age/grade _____
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Title of Work \_\_\_\_\_  
 Required artist statement \_\_\_\_\_  
 Explain how your work connects to the theme. \_\_\_\_\_  
 See attached (Please print your name on any attached sheets)

### Required Information

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

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

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

**Dance Choreography:** Name(s) of performer(s): \_\_\_\_\_

**Film Production:** Name(s) of person(s) appearing in your film: \_\_\_\_\_

Was a computer used? If so, name the software and hardware. \_\_\_\_\_

**Dance Choreography and Film Production:** Credit the background music below (title, composer, and performer). \_\_\_\_\_

**Musical Composition:** Respond to the following:  
 Check one:     **Traditional Instrumentation**         **Synthesizer**  
 Name(s) of person(s) who performed your composition: \_\_\_\_\_  
 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 initial \_\_\_\_\_ Last name \_\_\_\_\_  
 Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

National PTA includes the State, Region, council, or local PTA/PTSA organization or unit. I grant National 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. National PTA may continue to use my work as long as it has access to a copy or to a slide. 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/SEPTA/SEPTSA 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>	Check one: <input type="checkbox"/> PTA <input type="checkbox"/> PTSA <input type="checkbox"/> SEPTA <input type="checkbox"/> SEPTSA    Unit Code ____ - ____
Local chair first name _____	Local chair last name _____ Phone ( ) _____
Email _____	PTA/PTSA/SEPTA/SEPTSA name (no initials) _____
PTA address _____	City _____ State _____ Zip _____
Local Eight-Digit National PTA ID    0 0 _____	

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