

Form MUST be printed on WHITE paper

2009-2010 PTA Reflections Program STUDENT ENTRY FORM Theme: "Beauty is . . ."

Directions: Please type or print clearly in black or blue ink (do not use pencil). 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. Be sure to write your full name on any additional pages.

Grade Division (check one)
Arts Area (check one)
Grade _____
Age _____
Gender [] M [] F
[] Primary: preschool-grade 2
[] Intermediate: grades 3-5
[] Middle/Junior: grades 6-8
[] Senior: grades 9-12
[] Literature
[] Photography
[] Film Production
[] Musical Composition
[] Visual Arts
[] Dance Choreography

Title of Work

Required Artist Statement

Explain how your work relates to the theme.

[] See attached (Please print your name on any attached sheets.)

REQUIRED INFORMATION

Literature: word count _____ must not exceed 2,000 words
Photography and Visual Arts: Give the dimensions of the work in inches, including mat. L _____ W _____
Photography: Location/date of shot: _____
Describe the type of camera and 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:

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? _____
Dance Choreography, Film Production and Musical Composition (entry may not exceed 5 minutes): Time: _____

F o l d h e r e

Student's first name _____ Middle intl. _____ Last name _____
Address 1 _____ Address 2 _____
City _____ State _____ ZIP _____
Phone () _____ E-mail _____

PTA includes the national, state, district/region, 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
Check one: [x] PTA [] PTSA [] NPTA eight-digit PTA ID: 00029279
Local PTA Number 02 . 03 . 057
Local chair name Jodi Major Official PTA/PTSA name Medina Parent Teacher Association
Chair's address 905 88th Avenue NE City Medina State WA ZIP 98039
E-mail major_jm@hotmail.com Phone () 425-453-6864
Local PTA good standing status: [x] Membership dues paid date 10/24/08 [x] Insurance paid date 10/28/08 [x] Standing rules approval date 08/31/09