# 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 _____

Age _____

Gender ☐ M ☐ F

**Grade Division** (check one)

- ☐ Primary: preschool–grade 2
- ☐ Intermediate: grades 3–5
- ☐ Middle/Junior: grades 6–8
- ☐ Senior: grades 9–12

**Arts Area** (check one)

- ☐ Dance Choreography
- ☐ Film Production
- ☐ Literature
- ☐ Musical Composition
- ☐ Photography
- ☐ 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:** ☐ PTA ☐ 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:** ☐ Membership dues paid date ____/____/____ ☐ Bylaws approval date ____/____/____