311–2012 PTA Reflections Program | STUDENT ENTRY FORM Theme: Diversity Means

Instructions: Please type or print clearly in black or blue ink (do not use pencil). This form must be completed in its entirety. If additional space is needed, please continue onto the back or a separate sheet of paper and clearly mark with your full name.

	Grade Division (check one)	Arts Area (check one)					
Grade	Primary: preschool–grade 2	Dance Choreography					
Age	Intermediate: grades 3–5	□ Film Production					
	☐ Middle/Junior: grades 6–8	Literature					
Gender 🛛 M 🛛 F	□ Senior: grades 9–12	Musical Composition					
		Photography					
	voice is included in your submission (k						
adult), a consent form must be signed by that person and accompany this student entry form.							
Title of Work: (Required)							
Required Artist Statement:							
(Maximum 250 words)		See attached (Please print your name on any attached sheets.)					
REQUIRED INFORMATION							
Dance Choreography: Name(s)	of performer(s):						
Did you use film editing software? If so, which software?							
Dance Choreography and Film Production: Credit the background music below (title, composer, and performer).							
	·						
Musical Composition: Check one: Traditional 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 ar		viece.					
	um (crayons, oil on canvas, etc.).						
Photography and Visual Arts: Dimensions of the work in inches, including mat. L W							
	Fold h	e r e					
Student's first name	Middle intl.	Last name					
Address 1		Address 2					
City		State ZIP					
Phone 🖀 🕧)	E-mail 🖰						
School Name		Teacher Name					
I grant to 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 participa	te 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	y entry into the Reflections Program constitutes acceptanc	e 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 PTA	Check one: 🛛 PTA	🗆 PTSA			
Local chair name	Official PTA/PTSA name				
PTA address	City		State	ZIP	
Chair E-mail		Chair Phone _	()		
Local PTA good standing status: Membership dues paid date// Council Name:					