



2011–2012 PTA Reflections Program | STUDENT ENTRY FORM Theme: "Diversity Means..."

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 _____	Grade Division (check one)	Arts Area (check one)
Age _____	<input type="checkbox"/> Primary: Preschool–Grade 2	<input type="checkbox"/> Dance Choreography
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Intermediate: Grades 3–5	<input type="checkbox"/> Film Production
	<input type="checkbox"/> Middle/Junior: Grades 6–8	<input type="checkbox"/> Literature
	<input type="checkbox"/> Senior: Grades 9–12	<input type="checkbox"/> Musical Composition
		<input type="checkbox"/> Photography
		<input type="checkbox"/> Visual Arts

Title of Work: _____

Required Artist Statement:

Explain how your work relates to the theme. _____
 (Maximum 250 words) 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 L _____ W _____

Photography: Location/date of shot: _____

Describe the type of camera and process used in preparing the piece. _____

Visual Arts: Describe the media (crayons, oil on canvas, etc.). _____

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/Video Production: Credit the background music below (title, composer, 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? _____

-----Fold Here-----

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

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Full signature of student _____ Signature of parent/legal guardian (necessary if child is under 18 years) _____

To be completed by local PTA	Check one: <input checked="" type="checkbox"/> PTA <input type="checkbox"/> PTSA	Local eight-digit PTA ID: 15300
Local chair name <u>Susan Whatley</u>	Official PTA/PTSA name <u>West Jefferson Elementary</u>	
PTA address <u>26501 Barkley Road</u>	City <u>Conifer</u> State <u>CO</u> ZIP <u>80433</u>	
E-mail <u>mewhatley@wispertel.net</u>	Phone <u>(303) 838-8681</u>	
Local PTA good standing status <input checked="" type="checkbox"/> Membership dues date paid ___/___/___ <input checked="" type="checkbox"/> Insurance paid date ___/___/___ <input checked="" type="checkbox"/> Bylaws approval date ___/___/___		