

 **2011–2012 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 _____	<b>Grade Division</b> (check one)	<b>Arts Area</b> (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

\* If a person's recognizable image or voice is included in your submission (both child and adult), a consent form must be signed by that person and accompany this student entry form.

**Title of Work:** \_\_\_\_\_  
(Required)

**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**

**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 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? \_\_\_\_\_

**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.). \_\_\_\_\_



**Photography and Visual Arts:** Dimensions of the work in inches, including mat. **L** \_\_\_\_\_ **W** \_\_\_\_\_

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  \_\_\_\_\_

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 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 PTA** Check one:  PTA  PTSA

Local chair name Julie Samford Official PTA/PTSA name Nan Clayton Elementary

PTA address 7525 LaCrosse Ave City Austin State TX ZIP 78739

Chair E-mail julie.samford@gmail.com Chair Phone (512) 439-9411

Local PTA good standing status:  Membership dues paid date \_\_\_/\_\_\_/\_\_\_ Council Name: Austin Council PTA Area # \_\_\_\_\_