

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 _____	<input type="checkbox"/> Primary: preschool–grade 2	<input type="checkbox"/> Dance Choreography
Age _____	<input type="checkbox"/> Intermediate: grades 3–5	<input type="checkbox"/> Film Production
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<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. _____

 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 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? _____

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

Local eight-digit PTA ID: 00012717__ __ __

Local chair name Mary Knight Official PTA/PTSA name Milton PTA

PTA address 42 Herrick Avenue City Milton State VT ZIP 05468

E-mail _____ Phone (____) _____

Local PTA good standing status: Membership dues paid date ____/____/____ Insurance paid date ____/____/____ Budget approval date ____/____/____