PTA Reflections Program | STUDENT ENTRY FORM

Directions: 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 an extra sheet of paper. Be sure to label any additional pages.

Grade: _____

Age: _____

Gender ☐ M ☐ F

Grade Division (check one)

- ☐ Primary: preschool–grade 2
- ☐ Intermediate: grades 3–5
- ☐ Middle: 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)

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** _____

Student's first name Middle intl. Last name

Address _____ Address 2 _____

City _____ State _____ ZIP _____

Phone ☎ ( ) _____ E-mail _____

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 condition.

→ _____
Full Signature of student

→ _____
Signature of parent/legal guardian *(necessary if child is under 18 years)*

Additional Required State Information:

TO BE COMPLETED BY LOCAL PTA **Check one:** ☒ PTA ☐ PTSA **Local eight-digit PTA ID:** _ _ _ _ _ _ _ _

Local chair name Bonny Marks Full and Official PTA/PTSA name Gill PTA

PTA address 21195 Gill Road City Farmington Hills State MI ZIP 48335

E-mail reflections@gillpta.com Phone (248) 4893690

Local PTA good standing status: Per State By-Laws ☒ Yes ☐ No ☐ missing requirements _____