



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)

<input checked="" type="checkbox"/>	Primary: preschool–grade 2
<input type="checkbox"/>	Intermediate: grades 3–5
<input type="checkbox"/>	Middle: grades 6–8
<input type="checkbox"/>	Senior: grades 9–12

Arts Area (check one)

<input checked="" type="checkbox"/>	Dance Choreography
<input type="checkbox"/>	Film Production
<input type="checkbox"/>	Literature
<input type="checkbox"/>	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)

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

Local chair name _____ Official PTA/PTSA name _____

PTA School address _____ City _____ State _____ ZIP _____

Local Chair E-mail _____ Local Chair Phone (____) _____

School District: _____

Missouri PTA Region (check one): Pony Express Three Trails Heritage Meramec Gateway Foothills
 Mark Twain Ozark

Local PTA good standing status: Membership Dues Paid Fiscal Year-End Report Submitted
 Have current approved bylaws Financial Review Submitted Required IRS form submitted

ALL FIVE REQUIREMENTS MUST BE MET FOR STUDENT ENTRIES TO BE ELIGIBLE FOR JUDGING BY MOPTA



**PTA Reflections Program
Consent Form**

Important note for Reflections Participants: This completed form must accompany the artwork submission and Student Entry Form if a person's recognizable image or voice is included in the submission. Signatures are required. If individual is under age eighteen, a parent or guardian must sign the form. **This form is required for the 2011-2012 program year.**

For Use of a Student's Image or Voice

I give my permission for my son/daughter, _____ (NAME), to participate in the taping, photographing, or audio recording of an entry in the PTA[®] ReflectionsSM Program. I give consent for the student's voice and or image to be included in the entry. This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other National PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of student submitting the entry: _____

I have read and understand the rules of the Reflections Program.

Student Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

For Use of an Adult's Image or Voice

I am 18 years of age or older and I consent to participate in the taping, photographing, or audio recording of an entry in the PTA[®] ReflectionsSM entry.

This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other National PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of Student Submitting the Entry: _____

Name of consenting adult: _____

Date

Signed: _____