



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 an extra sheet of paper. Be sure to write your full name on any additional pages.

Grade Division (check one)

Arts Area (check one)

Grade \_\_\_\_\_

Primary: preschool-grade 2

Dance Choreography

Age \_\_\_\_\_

Intermediate: grades 3-5

Film Production

Middle: grades 6-8

Literature

Gender  M  F

Senior: grades 9-12

Musical Composition

Photography

Visual Arts

Title of Work (Required)

Required Artist Statement:

Explain how your work relates to the theme. (Maximum 250 words)  See attached (Please include 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: \_\_\_\_\_

Did you use film editing software? If so, which software? \_\_\_\_\_

Dance Choreography and Film Production: Credit the background music below (title, composer, and performer).

Check one:  Traditional Instrumentation  Midi Instrumentation

Musical Composition:

Name(s) of person(s) who performed your composition: \_\_\_\_\_

Did you use music composition software? If so, which software? \_\_\_\_\_

Are lyrics included? If so, how do your lyrics complement your composition? \_\_\_\_\_

Fold here

Student's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last name \_\_\_\_\_

Address 1 \_\_\_\_\_ 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 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 eight-digit PTA ID: \_\_\_\_\_

Local chair name \_\_\_\_\_ Official PTA/PTSA name \_\_\_\_\_

PTA address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Local PTA good standing status:  Membership dues paid date \_\_/\_\_/\_\_  Insurance paid date \_\_/\_\_/\_\_  Bylaws approval date \_\_/\_\_/\_\_