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Write Region Number here

# National PTA 2008–2009 Reflections Program Official Entry Form

**Directions:** Except for the two boxes at the end, students must fill out the entire form. For more writing space, use the back of this form or an extra sheet of paper.

Theme:  
"wow..."

Grade _____	Grade Division (check one)	Arts Area (check one)	Utah PTA Only
Age _____	___ Primary: Preschool–Grade 2	___ Literature	___ Three Dimensional Art
Track _____	___ Intermediate: Grades 3–5	___ Photography	___ Theater
Teacher _____	___ Middle/ Junior: Grades 6–8	___ Visual Arts	
	___ Senior: Grades 9–12	___ Musical Composition	
		___ Film/Video	
		___ Dance	

Title of work (if any) \_\_\_\_\_

Optional artist statement \_\_\_\_\_

**Visual Arts and Photography:** give dimensions of work in inches, including mat \_\_\_\_\_

**Photography:** describe the process in preparing the piece \_\_\_\_\_

**Visual Arts:** media (crayons, oil on canvas, etc.) \_\_\_\_\_

**Musical Composition:** must respond to the following:

Circle one: Traditional instrumentation or synthesizer

Who performed your composition for your recording? \_\_\_\_\_

Was a computer used? If so, name the software and hardware \_\_\_\_\_

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

Fold here

Student's first name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

National PTA includes the state, district, council, or local PTA/PTSA organization or unit. I grant National PTA permission to use my works for commercial or noncommercial use, including but not limited public presentation of the work and reproduction of the work in print, electronic, and multimedia formats to promote the Reflections Program. National PTA may continue to use my work as long as it has access to a copy or to a slide. 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 the above conditions.**

Signature of student \_\_\_\_\_

Signature of parent/legal guardian (necessary if child is under 18 years) \_\_\_\_\_

**To be completed by local PTA**

Circle one: PTA PTSA

Local chair \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ PTA/PTSA name \_\_\_\_\_

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

Local Eight Digit National PTA ID 00 \_\_\_\_\_ Council \_\_\_\_\_

**State PTA information:**