

2007–2008 National PTA Reflections Program

Official Entry Form

Theme:
I Can Make A Difference By...

Directions: Please print clearly. 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.

Grade Division (check one)		Arts Area (check one)
Grade	Primary: Preschool–Grade 2	Literature
Age	Intermediate: Grades 3–5	Musical Composition
	Middle/Junior: Grades 6–8	Photography
	Senior: Grades 9–12	Visual Arts
		Dance Choreography
		Film/Video Production

Title of work (if any)

Optional artist statement

Required Information

Photography and Visual Arts: Give the dimensions of the work in inches, including mat.

Photography: Describe the process used in preparing the piece.

Visual Arts: Describe the media (crayons, oil on canvas, etc.).

Dance Choreography: Who danced to your choreography?

Film/Video Production: Respond to the following:

Who appears in your video?

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

Dance Choreography and Film/Video Production: Credit the background music below.

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Student's first name		Middle name		Last name	
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Address 1		Address 2	
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City		State		ZIP	
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Phone	()	E-mail address	
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Hold-harmless: 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 to 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 acceptance of the above conditions.**

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Signature of student	Signature of parent/legal guardian (<i>necessary if child is under 18 years</i>)
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To be completed by local PTA	Circle one:	PTA	PTSA
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Local chair first name		Local chair last name		Phone	()
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E-mail		PTA/PTSA name	
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PTA address		City		State		ZIP	
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Local Eight-Digit National PTA ID	00	County Name	
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<i>Local PTA good standing status</i>	Membership dues date paid _____	Insurance paid date _____	Bylaws approval date _____
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