

Local PTA Dist. # _____

State PTA District # _____(2-37)

2006–2007 National PTA Reflections Program

Official Entry Form

Theme:

My Favorite Place

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	_____
Circle one:	_____	Middle/Junior: Grades 6–8	_____	Photography	_____
Male _____	Female _____	Senior: Grades 9–12	_____	Visual Arts	_____
Title of work (required) _____					
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.). _____

Musical Composition: Respond to the following:

Circle one: Traditional instrumentation _____ 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 complement your composition? _____

Circle one: CD _____ Cassette _____ Type of Instrument: _____ Length _____ min _____ sec

Student's first name _____ Middle _____ Last name _____

Address 1 _____ Address 2 _____

City _____ State Illinois _____ ZIP _____

Phone () _____ E-mail address _____ (will not be shared)

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.

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	School Name _____
Local chair first name _____	Local chair last name _____			Phone () _____	
Address _____	City/Zip _____				
E-mail _____	PTA/PTSA name _____				
PTA address _____	City _____	State	IL	ZIP _____	
Local Eight-Digit National PTA ID	00 _____				

Local PTA good standing status	Membership dues date paid _____	Insurance paid date _____	Bylaws approval date _____
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Please provide e-mail address for notification or information – addresses will not be sold or shared.

Entry Forms – Do not fold, unless needed to fit. Staple in upper left hand corner *behind Literature*. Tape *4 corners only* to back of **Visual Arts or Photography**. **Music** - Tape *4 corners only* to back of blank 9 x 12 manilla envelope