



Form MUST be printed on WHITE paper.

2010-2011 PTA Reflections Program STUDENT ENTRY FORM

Theme: "Together We Can"

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. If you need more space, use the back of this form or an extra sheet of paper. Be sure to write your full name on any additional pages.

Grade _____ Age _____ Gender M F
Grade Division (check one)
 Primary: preschool-grade 2
 Intermediate: grades 3-5
 Middle/Junior: grades 6-8
Arts Area (check one)
 Literature Musical Composition
 Photography Visual Arts

Title of Work: _____

Required Artist Statement

Explain how your work relates to the theme (Maximum 250 words).
 See attached (Please print your name on any attached sheets.)

REQUIRED INFORMATION

Literature: word count _____ must not exceed 2,000 words
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.). _____

Musical Composition: Check one: Traditional Instrumentation Synthesizer
Name(s) of person(s) who performed your composition: _____
Was a computer used? If so, name the software and hardware. _____
Are lyrics included? If so, how do your lyrics complement your composition? _____
Musical Composition Time: _____

Student's First name _____ Middle intl. _____ Last name _____
Address 1 _____ Address 2 _____
City _____ State _____ ZIP _____
Phone (____) _____ E-mail _____

PTA includes the national, state, district/region, council, and local PTA/PTSA organization or unit. I assign to National PTA copyright in my works 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. 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 Check one: PTA PTSA NPTA eight-digit PTA ID: 0 0 0 2 3 1 3 1
Local PTA Number 02 . 08 . 65
Local chair name Julie Tribolet Official PTA/PTSA name Mark Twain PTSA
Chair's address 9034 124th Ave NE City Kirkland State WA ZIP 98033
E-mail julietrib@clearwire.net Phone (425) 822-2101
Local PTA good standing status: Membership dues paid date 10/25/10 Insurance paid date 11/10/10 Standing rules approval date 09/16/10