

**2007–2008 National PTA Reflections Program
Official Entry Form**

Theme:
I Can Make A Difference By...

Directions: **PLEASE PRINT ONLY!** Also, **TWO (2) COPIES** of the Official Entry Page **MUST** accompany each entry! 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 _____	Grade Division (check one)	Arts Area (check one)	NYS Specific Information: Would you like this entry to be considered as a Special Education entry? _____ No _____ Yes _____ If yes, please indicate development age/grade
Age _____	Primary: Preschool–Grade 2 _____	Dance Choreography _____	
	Intermediate: Grades 3–5 _____	Film/Video Production _____	
	Middle/Junior: Grades 6–8 _____	Literature _____	
	Senior: Grades 9–12 _____	Music _____	
		Photography _____	
		Visual Arts _____	

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 performed 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. _____

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? _____

FOLD HERE

Student's first name _____ Middle name _____ Last name _____
 Address 1 _____ Address 2 _____
 City _____ State _____ Zip _____
 Phone () _____ E-mail address _____

National PTA includes the state, region, 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	Unit Code _____
Local chair first name _____	Local chair last name _____	Phone () _____		
E-mail _____	PTA/PTSA name _____			
PTA address _____	City _____	State _____	Zip _____	
Local Eight-Digit National PTA ID 0 0 _____				

Local PTA good standing status	Membership dues date paid	Insurance paid date	Bylaws approval date
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