

2009–2010 PTA Reflections Program

IL PTA District # 36

Student Entry Form

DEADLINE: October 8th

Theme: **“Beauty Is...”**

Directions: Please print clearly. Completely fill out the form down to and including the required signatures. If you need more space, use an extra sheet of paper. Be sure to write your name on any additional pages.

Grade _____	Grade Division (check one)	Arts Area (check one)
Age _____	<input type="checkbox"/> Primary: preschool–grade 2	<input type="checkbox"/> Literature . Film Production
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Intermediate: grades 3–5	<input type="checkbox"/> Photography . Visual Arts
	<input type="checkbox"/> Middle/Junior: grades 6–8	<input type="checkbox"/> Musical Composition
	<input type="checkbox"/> Senior: grades 9–12	<input type="checkbox"/> Dance Choreography

Title of Work _____

Required Artist Statement (How does your work connect to maximum? 250 word max.) _____

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

Photography: Location & date of shot (month and year) _____

Describe the process used in preparing the piece. _____

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

Dance Choreography: Name(s) of performers _____

Film Production: Name(s) of person(s) in film _____

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

Dance Choreography and Film Production Credit the background music (title/composer/performer). _____

Musical Composition: Check one: Traditional Instrumentation Synthesizer

Name 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? _____

Dance Choreography, Film Production, Musical Composition: How long is your entry? _____ Min. _____ Sec.

Student's first name _____ Middle I. ___ Last name _____

Address _____ City _____ Zip _____

Phone (_____) _____ E-mail _____

PTA includes the national, state, district, council, and local PTA/PTSA organization or unit. I grant 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. PTA may continue to use my work as long as it has access to a copy. 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 (if child is under age 18)

To be completed by local PTA Check one: PTA PTSA Local Eight-Digit PTA ID: 00011453
Local chair name: SAMANTHA ELKINS **E-mail:** SAMANTHA.ELKINS@GMAIL.COM Phone 630 579-4201
PTA name Clow PTA
PTA address 1301 SPRINGDALE CIRCLE City NAPERVILLE State **IL** ZIP 60564
Local PTA good standing status: membership dues paid date: Insurance Paid date: Bylaws approved date: