

2006–2007 National PTA Reflections Program

Theme:
My Favorite Place

Official Entry Form

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)
 Grade _____ Primary: Preschool–Grade 2
 Age _____ Intermediate: Grades 3–5
 Middle/Junior: Grades 6–8
 Senior: Grades 9–12

Arts Area (check one)
 Literature Visual Arts
 Musical Composition Dance Choreography
 Photography Film/Video Production

Title of work (if any) _____
 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, district (Area), 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 Check one one: PTA PTSA
 Local chair first name Cathy Local chair last name Bouxsein Phone (210) 497-9951
 E-mail reaganreflections@yahoo.com PTA/PTSA name Ronald Reagan High School PTA
 PTA address 19000 Ronald Reagan Drive City San Antonio State TX ZIP 78258
 Local Eight-Digit National PTA ID 00147988 TXPTA Local Unit # _____ Council # 612
 Area # 20

Local PTA good standing status	Membership dues date paid <u>09/06</u>	Insurance paid date <u>09/06</u>	Bylaws approval date <u>01/04</u>
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