

Council Name: Capistrano

District # 4

2010 – 2011 PTA Reflections Program Student Entry Form

Theme: "Together We Can"

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. 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
	<input type="checkbox"/> Intermediate: grades 3 – 5	<input type="checkbox"/> Musical Composition
	<input checked="" type="checkbox"/> Middle/Junior: grades 6 – 8	<input type="checkbox"/> Photography
	<input type="checkbox"/> Senior: grades 9 – 12	<input type="checkbox"/> Visual Arts
		<input type="checkbox"/> Dance Choreography
		<input type="checkbox"/> Film Production

Title of Work _____

Required Artist Statement _____

How does your work connect to the theme? _____
 See Attached (Please print your name on any attached sheets)

REQUIRED INFORMATION

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

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 Production: Respond to the following:

Who appears in your film? _____

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

Dance Choreography and Film Production: Credit the background music below.

Musical Composition: Respond to the following: check 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 Initial _____ Last Name _____

Address 1 _____ Address 2 _____

City _____ State _____ Zip Code _____

Phone () _____ Email _____

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 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 or to a slide. 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: <input checked="" type="checkbox"/> PTA <input type="checkbox"/> PTSA	Local eight-digit PTA ID: <u>00011538</u>
Local chair name: Weneta Kosmala	Official PTA/PTSA name: Shorecliffs PTA	
PTA address: 240 Via Socorro	City: San Clemente	State: California Zip: 92672
Email: weneta.kosmala@cox.net	Phone: 949-366-6001	
Local PTA good standing status: <input type="checkbox"/> Membership dues paid date __/__/__ <input type="checkbox"/> Insurance paid date __/__/__ <input type="checkbox"/> By-laws approval date __/__/__		