



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. Leave the boxed area for local PTA information blank. If you need more space, use 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: grades 6-8
 Senior: grades 9-12

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

Title of Work (Required)

Required Artist Statement:

Explain how your work relates to the theme. (Maximum 250 words)

See attached (Please include 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: 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.). _____

Dance Choreography: Name(s) of performer(s): _____

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

Did you use film editing software? If so, which software? _____

Dance Choreography and Film Production: Credit the background music below (title, composer, and performer).

Check one: Traditional Instrumentation Midi Instrumentation

Musical Composition:

Name(s) of person(s) who performed your composition: _____

Did you use music composition software? If so, which software? _____

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 _____

Phone (____) _____ E-mail _____

I grant to National PTA an irrevocable, unlimited license to display, copy, sell, sublicense, publish, and create and sell derivative works from, my work 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.

Full 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 Local eight-digit PTA ID: _____

Local chair name _____ Official PTA/PTSA name _____

PTA address _____ City _____ State _____ ZIP _____

E-mail _____ Phone (____) _____

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



California State PTA
District PTA # 52268
Council Capistrano Unified
Unit Shorecliffs Middle PTA

PTA Reflections Program Consent Form

Important note for Reflections Participants: This completed form must accompany the artwork submission and Student Entry Form if a person's recognizable image or voice is included in the submission. Signatures are required. If individual is under age eighteen, a parent or guardian must sign the form. **This form is required for the 2011-2012 program year.**

For Use of a Student's Image or Voice

I give my permission for my son/daughter, _____ (NAME), to participate in the taping, photographing, or audio recording of an entry in the PTA® ReflectionsSM Program. I give consent for the student's voice and or image to be included in the entry. This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other National PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of student submitting the entry: _____

I have read and understand the rules of the Reflections Program.

Student Name

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

For Use of an Adult's Image or Voice

I am 18 years or older and I consent to participate in the taping, photographing, or audio recording of an entry in the PTA® ReflectionsSM entry.

This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other National PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed or at another public area, including the internet.

Name of Student Submitting the Entry: _____

Name of consenting adult _____

Date

Signed _____