

## National PTA Reflections® Program Student Entry Form



2015-2016 Theme: "Let Your Imagination Fly"

| State Georgia District Council  |  |  |
|---|--|--|
| ENTRY INFORMATION   |  |  |
| GRADE DIVISION (Check One)  | ARTS CATEGORY (Check One)  | IF AIFCECC A DV.   |
| <ul> <li>□ INTERMEDIATE (Grades 3-5)</li> <li>□ MIDDLE SCHOOL (Grades 6-8)</li> <li>□ HIGH SCHOOL (Grades 9-12)</li> <li>□ SPECIAL ARTIST (All Grades)</li> </ul> | <ul> <li>□ DANCE CHOREOGRAPHY</li> <li>□ FILM PRODUCTION</li> <li>□ LITERATURE</li> <li>□ MUSIC COMPOSITION</li> <li>□ PHOTOGRAPHY</li> <li>□ VISUAL ARTS</li> </ul> | IF NECESSARY: ART-WORK DIMENSIONS / COPYRIGHT INFO.  |
| TITLE OF ARTWORK (Required) :   | O words, 100 words max describing  | g how your work relates to the theme)  |
|   |  |  |
| STUDENT'S FULL NAME:  |  | GRADE: AGE: M/F:   |
| STREET ADDRESS:   |  |  |
| CITY:   |  | STATE: ZIP:  |
| MAILING ADDRESS (IF DIFFERENT):   |  |  |
| PARENT/GUARDIAN NAME(S):  |  |  |
| PARENT/GUARDIAN PHONE:  |  | E-MAIL:  |
| permission and consent that PTA may displa  | y, copy, reproduce, enhance, prin<br>ible for lost or damaged entries. S   | try into this program constitutes entrant's irrevocable<br>it, sublicense, publish, distribute and create derivative<br>Submission of entry into the PTA Reflections program |
| Signature of student  | Signature of pare  | ent/legal guardian (necessary if child is under 18 years)  |
| PTA INFORMATION (To be completed in   | by PTA before distribution)  | PTAPTSA  |
| PTA NAME:   | 8-DIGIT N  | ATIONAL PTA ID NUMBER  |
| REFLECTIONS CHAIR NAME:   | EMAIL:   |  |
| ADDRESS:  | PHONE:   |  |
| Local PTA good standing status:   |  |  |
| ☐ Membership dues paid date// □   | ☐ Financial Audit Submitted to Georg   | gia PTA State Office//   |

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| 6. List the names of the people who appeared in this film         |  |  |
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| 3. If you used music composition software, what kind did you use? |  |  |
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