

2005–2006 National PTA Reflections Program

Theme:

I Wonder Why...

Official Entry Form

Directions: Please print clearly. Completely fill out the form down to and including the required signatures. Leave the boxed area blank for local PTA information. For more writing space, use the back of this form or an extra sheet of paper.

Grade _____	_____	Grade Division (check one)	_____	Arts Area (check one)
Age _____	_____	Primary: Preschool–Grade 2	_____	Literature
	_____	Intermediate: Grades 3–5	_____	Musical Composition
	_____	Middle/Junior: Grades 6–8	_____	Photography
	_____	Senior: Grades 9–12	_____	Visual Arts

Title of work (if any) _____

Optional artist statement _____

Required Information
Photography and Visual Arts: Give the dimensions of work in inches, including mat. _____
Photography: Describe the process in preparing the piece. _____
Visual Arts: Describe the media (crayons, oil on canvas, etc.). _____
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, area, council, or local PTA/PTSA organization or unit. I grant National PTA and Texas 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 and Texas 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 the above conditions.**

Signature of student _____ Signature of parent/legal guardian (*necessary if child is under 18 years*) _____

To be completed by local PTA	Circle one: PTA PTSA
Local chair first name _____	Local chair last name _____ Phone () _____
E-mail _____	PTA/PTSA name _____
PTA address _____	City _____ State _____ ZIP _____
Local Eight Digit National PTA ID <u>00</u>	
Local PTA good standing status	Membership dues date paid _____ Insurance paid date _____ By laws approval date _____
Local unit number _____	Council number _____ Area number _____