



# National PTA Reflections Program STUDENT ENTRY FORM

2015-2016 - Let Your Imagination Fly

Color Dot:

Region: \_\_\_\_\_

Council: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

<input type="checkbox"/> Male <input type="checkbox"/> Female  Age: _____ Grade: _____ Teacher: _____ Track: _____ <small>If applicable</small>	<p>Check One Only</p> <p><b>Arts Category</b></p> <input type="checkbox"/> Dance Choreography <input type="checkbox"/> Film Production <input type="checkbox"/> Literature <input type="checkbox"/> Music Composition <input type="checkbox"/> Photography <input type="checkbox"/> Visual Arts (2D & 3D)	<p>Check One Only</p> <p><b>Grade Divisions</b></p> <input type="checkbox"/> Primary (Preschool - Grade 2) - RED <input type="checkbox"/> Intermediate (Grades 3 - 5) - YELLOW <input type="checkbox"/> Middle School (Grades 6 - 8) - GREEN <input type="checkbox"/> High School (Grades 9 - 12) - BLUE <input type="checkbox"/> Special Artist (All Grades) - ORANGE  <small>See Special Artist Rules for more information on this category.</small>  <small>(Reflections Chair: Fill Color Dot above with corresponding color.)</small>
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**PLEASE WRITE LEGIBLY**

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
Street Address City State Zip

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Ownership in any submission shall remain the property of the entrant, but entry into this program constitutes entrant's irrevocable permission and consent that PTA may display, copy, reproduce, enhance, print, sublicense, publish, distribute or create derivative works for PTA purposes. PTA is not responsible for lost or damaged entries. 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 *(Required if student is under 18 years)* \_\_\_\_\_

LOCAL PTA INFO      Check one:  PTA  PTSA      8-Digit PTA ID: 00014945  
(Found on front page of Bylaws)

Local Chair Name: Anita Lindstrom      Date Bylaws Expire: May 1, 2017

PTA/PTSA Name: Segolily PTA

School Address: 550 E. 900 N      Lehi      UT      84043  
Street Address City State Zip

E-Mail: Segolilyreflections2015-2016@outlook.com

Phone: 801-768-1095



UTAH PTA REFLECTIONS PROGRAM

CONSENT FORM



Please see Page 5 for specific directions on using the Consent form

This form is required if a person other than the student submitting the artwork is recognizable in image or voice. Completed form must accompany the artwork submission and the Student Entry Form.

I give my permission for my son/daughter to participate in the taping, photographing or audio recording of an entry in the PTA Reflections 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, Council, Region, State and National level. Entries may be displayed at a school or at another public area including the internet.

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

Name of student submitting the entry: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names and signatures for additional students whose images and/or voices appear in artwork:

<u>Student Name</u>	<u>Parent Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For use of an adults 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 Reflections 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, Council, Region, State and National level. Entries may be displayed at a school or at another public area including the internet.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_




# ARTIST STATEMENT

- REQUIRED -

Check One:

- Dance Chorcography
- Film Prouction
- Literature
- Music Composition
- Photography
- Visual Arts (2D & 3D)

Color Dot: 

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Student First name & Last initial

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Grade

**Title of Artwork:** \_\_\_\_\_

Explain how your work relates to the theme of:

## “Let Your Imagination Fly”

Minimum of 10 words, Maximum of 100 words,  
*(Please writè as legibly as possible)*

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Please fill in the questions that apply to your artwork. - REQUIRED -

D = Dance F=Film L=Literature M=Music P=Photography V=Visual Art (2d & 3D)

- D F What is the title of the music used: \_\_\_\_\_
  - D F Who is the performing artist or musical group: \_\_\_\_\_
  - F P Brand of camera: \_\_\_\_\_
  - F P Editing software: \_\_\_\_\_
  - M Instruments used: \_\_\_\_\_
  - M Composing software: \_\_\_\_\_
  - V Medium used (clay, type of paint, metal, etc.): \_\_\_\_\_
  - P V Finished Dimensions (refer to specific Arts Category Rules pages for requirements  
Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_)
  - ALL Explain your artistic process: \_\_\_\_\_
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*Attach this sheet to artwork as instructed in specific arts instructions along with the Student Entry Form and Consent Form (if needed)*