


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>Arts Category</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>Grade Divisions</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 and 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: 00218127
(Found on front page of Bylaws)
 Local Chair Name: Kris Worthington Date Bylaws Expire: 09/01/2016
 PTA/PTSA Name: Spring Lake Elementary
 School Address: 1750 S. 500 W Payson UT 84651
Street Address City State Zip
 E-Mail: springlakereflections@gmail.com
 Phone: (801) 465-1432




ARTIST STATEMENT

- REQUIRED -

Check One:

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

Color Dot: 

Student First name & Last initial

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 write as legibly as possible)



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: _____

Attach this sheet to artwork as instructed in specific arts instructions along with the Student Entry Form and Consent Form (if needed)