



2010-2011 PTA Reflections Program | STUDENT ENTRY FORM Theme: "Together We Can"

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 the back of this form or an extra sheet of paper. Be sure to write your full name on any additional pages.

Grade _____	<input type="checkbox"/> Primary: preschool-grade 2	<input type="checkbox"/> Dance Choreography
Age _____	<input type="checkbox"/> Intermediate: grades 3-5	<input type="checkbox"/> Film Production
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Middle/Junior: grades 6-8	<input type="checkbox"/> Literature
	<input checked="" type="checkbox"/> Senior: grades 9-12	<input type="checkbox"/> Musical Composition
		<input type="checkbox"/> Photography
		<input type="checkbox"/> Visual Arts

Title of Work: _____

Required Artist Statement:
 Explain how your work _____
 relates to the theme. _____
 (Maximum 250 words) See attached (Please print 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: _____

Was a computer used? If so, name the software and hardware. _____

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

Musical Composition: Check one: Traditional Instrumentation Synthesizer

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

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 init. _____ Last name _____

Address 1 _____ Address 2 _____

City _____ State _____ ZIP _____

Phone () _____ E-mail _____

I assign to National PTA copyright in my works 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.

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: 00024726

Local chair name Sharon Amatetti Official PTA/PTSA name Quince Orchard High School PTSA, Inc.

PTA address 15800 Quince Orchard Rd City Gaithersburg State MD ZIP 20878

E-mail Samatetti@comcast.net Phone (301) 926-6336

Local PTAs must meet all Maryland State PTA Standards of Affiliation on or before February 1, 2011 in order to participate in the Maryland PTA Reflections program. Please e-mail officeadministrator@mdpta for information