



ENTRY FORM

This box is to be completed by PTA before distribution.

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PTA ID 00006449 PTA NAME Lunada Bay PTA STATE CA
COUNCIL PTA Palos Verdes Peninsula DISTRICT PTA 33rd REGION PTA West/Southern
MEMBER DUES PAID DATE 9/1/18 INSURANCE PAID DATE 10/10/17 BYLAWS APPROVAL DATE 6/6/17

STUDENT NAME _____ GRADE _____ AGE _____ GENDER (optional) _____

PARENT/GUARDIAN NAME _____ EMAIL _____ PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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. Submission of entry into the PTA Reflections program constitutes acceptance of all rules and conditions. I agree to the above statement and the National PTA Reflections Official Rules.

STUDENT SIGNATURE: _____ PARENT/LEGAL GUARDIAN SIGNATURE: _____

GRADE DIVISION (Check One)

- PRIMARY (Preschool- Grade 2)
- INTERMEDIATE (Grades 3-5)
- MIDDLE SCHOOL (Grades 6-8)
- HIGH SCHOOL (Grades 9-12)
- SPECIAL ARTIST (All Grades)

ARTS CATEGORY (Check One)

- DANCE CHOREOGRAPHY
- FILM PRODUCTION
- LITERATURE
- MUSIC COMPOSITION
- PHOTOGRAPHY
- VISUAL ARTS

TITLE OF ARTWORK _____

ARTWORK DETAILS (Dance/Film: cite background music; Music: musician(s)/instrumentation; Literature: word count; Photo/Visual Arts: materials & dimensions) _____

ARTIST STATEMENT (Must be 10 to 100 words describing your work and how it relates to the theme)



ENTRY FORM

For Use of a Student's Image or Voice

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 in perpetuity in connection with the PTA Reflections Program or other PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of Student Submitting the Entry

I have read and understand the Rules of the Reflections Program.

Student Name

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

For Use of an Adult's 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[®] entry. This entry may be used an unlimited number of times in perpetuity in connection with the PTA Reflections Program or other PTA purposes. I understand that entries may be judged at the local, regional, state, and national level. Entries may be displayed at a school or at another public area, including the Internet.

Name of Student Submitting the Entry

I have read and understand the Rules of the Reflections Program.

Printed Name

Date

Signature

Date