

OREGON PTA REFLECTIONS PROGRAM OFFICIAL ENTRY FORM – “Beauty Is..”

Directions: Please print clearly. This form must be filled out in its entirety, including the required signatures, for all OREGON PTA Reflections Program entrants. For more writing space, use the back of the form.

Grade _____

GRADE DIVISION (check one)

ART AREA (check one)

_____ Primary (Preschool - 2)

_____ Theater

_____ Intermediate (3, 4 & 5)

_____ Middle/Junior (6, 7 & 8)

_____ Senior (9-12)

_____ Three-Dimensional Visual Arts

Title of Work _____

Artist Statement (Required) _____

What inspired you to do this work? _____

Student's First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ Zip plus 4 _____

Phone _____ Email Address _____

Oregon PTA includes Regions, Councils and Local PTA/PTSA Units. I grant Oregon 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 format to promote the Reflections Program. Oregon PTA may continue to use my work as long as it has access to an archived copy. Oregon 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 qualifying PTA/PTSA Unit in Good Standing. I affirm that this is my own original work. I understand that the submission of my entry in the Reflections Program constitutes the above conditions. **THESE REFLECTIONS CATEGORIES ARE ONLY FOR THE OREGON PTA REFLECTIONS PROGRAM. NO SUBMISSIONS GO TO NATIONAL PTA.**

Signature of Student

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

To be completed by local PTA/PTSA Unit Circle one: PTA PTSA Region _____

PTA/PTSA Name _____

Unit Address _____

City _____ Zip Plus 4 _____

Local Unit Eight-Digit National PTA ID Number _____

Local Unit Reflections Chair Name _____

Phone (include area code) _____

Email address _____