

Theme: **"Wow!"**

Arts Area (check one)

☐ Primary: preschool–grade 2
☐ Intermediate: grades 3–5
☐ Middle/Junior: grades 6–8
☒ Senior: grades 9–12

- ☐ Literature
- ☐ Musical Composition
- ☐ Photography
- ☐ Visual Arts
- ☐ Dance Choreography
- ☐ Film Production

Required Artist Statement

How does your work connect to the theme?

☐ **See attached** (Please print your name on any attached sheets.)**Photography and Visual Arts:** Give the dimensions of the work in inches, including mat. **L** **W**

Photography: Describe the process used in preparing the piece.

Photography: Describe the process used in preparing the piece.

Visual Arts: Describe the media (crayons, oil on canvas, etc.).

Dance Choreography: Who performed your choreography?

Film Production: Respond to the following:

Who appears in your film?

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

Dance Choreography and Film Production: Credit the background music below.

Musical Composition: Respond to the following:

Check one: ☐ Traditional Instrumentation ☐ Synthesizer

Who performed your composition for your recording?

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

Are lyrics included? If so, how do your lyrics complement your composition?

F o l d h e r e

Student's first name	Middle intl.	Last name
-------------------------	--------------	-----------

Address 1 Address 2

City _____ State _____ ZIP _____

Phone () E-mail _____

PTA includes the national, state, district, council, and local PTA/PTSA organization or unit. I grant 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 formats to promote the Reflections Program. PTA may continue to use my work as long as it has access to a copy or to a slide. 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: 0 0 0 0 8 8 0 5

Local chair name LINDA TODA Official PTA/PTSA name MONTA VISTA HIGH SCHOOL PTA

RTA address 21840 MC CLELLAN ROAD City CUPERTINO State CA ZIP 95014

E-mail ADOTADNIL @ YAHOO.COM Phone (408) 446-2816.

Local PTA good standing status: ☐ Membership dues paid date ____/____/____ ☐ Insurance paid date ____/____/____ ☒ Bylaws approval date PROCESSED