

# 09–10 GEORGIA PTA SPECIAL ARTIST ENTRY FORM Theme: “Beauty is...”

**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 Division** (check one)

- Grade \_\_\_\_\_  Primary: preschool–grade 2  
 Age \_\_\_\_\_  Intermediate: grades 3–5  
 Middle/Junior: grades 6–8  
 Gender  M  F  Senior: grades 9–12

**Arts Area** (check one)

- Literature  
 Photography  
 Visual Arts

**Title of Work**

**Required Artist Statement**

Explain how your work relates to \_\_\_\_\_  
 the theme. \_\_\_\_\_

**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.). \_\_\_\_\_

**Signature of Special Needs Teacher** x \_\_\_\_\_



-----**FOLD HERE**-----

Student’s first name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Georgia PTA includes the district, council, and local PTA/PTSA organization or unit. I grant Georgia PTA permission to use my works for 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 GSA Reflections Program. Georgia PTA may continue to use my work as long as it has access to a copy or to a slide. Georgia PTA is not responsible for lost or damaged works. 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

**TO BE COMPLETED BY LOCAL PTA** Check one: PTA  PTSA  **Local eight-digit PTA ID:** \_\_\_\_\_

Local chair name \_\_\_\_\_ Official PTA/PTSA name \_\_\_\_\_  
 PTA address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ **PTA Council** \_\_\_\_\_

**Local PTA good standing status:**  Membership dues paid  Audit submitted to GA PTA  Approved Bylaws