

2011-2012 Tennessee PTA Safety Multi-Media Program Student Entry Form



All entries must be submitted to the State Office on or before March 1.
Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212
1-888-782-5712 www.tnpta.org

Theme: “ Arrive Alive....Don’t Text and Drive”

Directions: Please print clearly. 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 name on any additional pages.

Grade Division (check one)

Arts Area (check one)

Grade _____ Middle/Junior: Grades 6-8
 Age _____ Senior: Grades 9-12

_____ Musical Composition
 _____ Visual Arts
 _____ Film/Video Production

Required Artist Statement

How does your work connect to the theme? _____

Please place your name on attached sheets

REQUIRED INFORMATION

Visual Arts: Give the dimensions of the work, in inches, including Mat. _____

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

Film Production: Respond to the following:

Who appears in your film? _____

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

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? _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

PTA includes the national, state, district/region, council, and local PTA/PTSA organization or unit. I grant PTA permission to use my works for commercial or non-commercial 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 Safety Multi-Media 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. I understand that I must participate in the Safety Multi-Media 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 Safety Multi-Media 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:** _____

Local chair name _____ Official PTA/PTSA name _____

PTA address _____ City _____ State _____ ZIP _____

E-mail _____ Phone (_____) _____

Local PTA good standing status: Membership dues paid date __/__/__ Insurance paid date __/__/__ Bylaws approval date __/__/__