

# 2009–2010 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: “Networking SMART”

**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 \_\_/\_\_/\_\_