**2025 GODA Inclusive Art Contest**

***Theme: CREATIVITY MEETS ADVOCACY: A Tribute to Disability Advocates***

**(Please Print or type)**

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| **Registration Information** | |
| **Name:** | Click here to enter your name |
| **Address:** | Click here to enter your address |
| **City, LA: Zip** | Click here to enter your city & zip. |
| **Phone Number:** | Click here to enter the phone number |
| **Email:** | Click here to enter the email |
| **Age/Adult** | Click here to enter age |
| **Grade:**  (if applicable) | Click here to enter grade level |

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| **If your Visual or Written Art is submitted through your participation in a school or organization,**  **please list the information here:** |  |

|  |  |
| --- | --- |
| **School/Organization** | Click here to enter school/organization |
| **Teacher/Leader** | Click here to enter teacher/leader |
| **Address:** | Click here to enter school/organization address |
| **City, LA: Zip** | Click here to enter school/organization city and zip |
| **Phone Number:** | Click here to enter school/organization phone number |
| **Email:** | Click here to enter school/organization email |

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| **Contestant’s signature:** |  |
| **Parent signature (if applicable)** |  |

I hereby grant the Governor's Office of Disability Affairs permission to use my likeness in photography in any and all of its publications, including website entries, without payment or any other consideration. I also understand all rules and regulations relative to this contest.

**PLEASE ENSURE ALL SUBMISSIONS ARE COMPLETE and MAIL TO:**

Office of the Governor Attn: GODA

1051 N 3rd Street, Suite 129 Baton Rouge, LA 70802

**Please provide a brief description of your work.**