

2025 GODA Inclusive Art Contest

Theme: CREATIVITY MEETS ADVOCACY: A Tribute to Disability Advocates

(Please Print or type)

Registration Information	
Name:	
Address:	
City, LA: Zip	
Phone Number:	
Email:	
Age/Adult	
Grade: (if applicable)	

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

School/Organization	
Teacher/Leader	
Address:	
City, LA: Zip	
Phone Number:	
Email:	

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.