*Please clearly print or type all information, scan, and submit digitally with a high quality digital image of your art submission. Submission form and image should be emailed to Disabled Services at* *MayorsDisabilityCoun@coj.net* *on or before October 27, 2019*

Student Name: \_ \_

School: \_ \_\_

Parent/Guardian Phone #: \_\_\_

Parent/Guardian Email: \_\_

Title of Submission: \_ \_\_

Medium: \_\_\_\_

Artist’s Statement:

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I hereby attest that the submitted artwork is original and was created by me. Furthermore, by signing, I attest that I have read and agree to the guidelines of the contest as explained in the call for entries, and allow for City of Jacksonville’s Disabled Services Division to keep and display the digital submission of my artwork.

Student Signature:

Date:

I have read, understand, and agree to this student’s participation in the contest, as explained by

the guidelines in the call for entries, as their parent and/or guardian.

Print Parent/Guardian Name: Date: Parent/Guardian Signature:

For more information regarding submission guidelines or technical questions:

Contact Disabled Services Division at 904-255-5466 or via email at DisabledServices@coj.net