## **Local Author Submission Form**

Please complete and sign this form for your book to be considered for the Local Author Collection. Parental or guardian consent is required if the author is under the age of 18. Please return this form along with a copy of your book to:

## Manhasset Public Library, Local Author Submissions, 30 Onderdonk Avenue, Manhasset, NY 11030

Fitle of book:		
Author:		
Publisher:		Publication Year:
SBN:		_
Audience: Adult	Children	Young Adult
Address:		
Phone:		
E-mail:		
****If available, please attach	professional	reviews or critiques of your book.
For works of nonfiction, please	specify your o	redentials in the subject area:
Author Signature		
Date		
Parent/Guardian Signature		
Date		CK, 1/24/2023