

LOCAL AUTHOR COLLECTION SUBMISSION FORM

*Please complete this form (print carefully) and include it with a donated copy of your work. For multiple submissions include one form per work. Submissions may be given to any service desk at any Woodbridge Public Library location.*

**Qualifications for submission** (Check all that apply):

- Author or Creator lives in Woodbridge Township
- Work is based in Woodbridge Township
- Work is about Woodbridge Township

**Author or Creator:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Submitted Work:**

Title of Work \_\_\_\_\_

Author Name \_\_\_\_\_

Publication Date \_\_\_\_\_

ISBN (if applicable) \_\_\_\_\_