

Friends of the Thomas Branigan Memorial Library

CELEBRATE AUTHORS APPLICATION FORM 2016

Author's Name_____

Title of Book_____

Genre: Non-fiction/Fiction/Poetry/Short Story/Children's Literature (circle one)

Other (explain)_____

Publisher/Year Published_____

Author's e-mail address_____

Author's phone number Home_____ Cell_____

Please provide a synopsis of your book, perhaps from the book jacket or the back cover of the book so we know a little bit about the book.

Return completed form to Sue Fletcher at sjfletch1940@yahoo.com.