

**Author Contact** 

## **BEDFORD PUBLIC LIBRARY**

## **Local Author Submission Form**

Submit a copy of your bound and printed work with the following completed form to the reference desk of the Bedford Public Library. Please include a copy of any available reviews of the work.

By submitting this form, I confirm that I have read and understood the Local Author Shelf Policy

Name:			Library Card nu	Library Card number:		
Phone Numbe	r:	E-Mail A	Address:			
Book Informa	ation:					
Title:						
Publication Year: Publisher:						
Author(s):						
Illustrator (if applicable):						
ISBN:						
Select all that apply to the work you are submitting:						
Adult	Teen	Children	Fiction	Nonfiction	Mystery	
Sci-Fi	Poetry	Drama	Short Stories	Biography/Aut	cobiography	

Give a brief description of the work (30 words or less) (feel free to attach a typed sheet)

Short bio of the author (30 words or less)	
The author represents and warrants full ownership a book, including artwork. The author agrees to and sh Bedford Public Library from any and all claims associand/or lending out the book provided to the Library, damage, intellectual property and/or copyright.	all indemnify, release and hold harmless the iated with the Library displaying, maintaining
Signature:	Date:
Guardian Signature:(if author is under 18)	Date: