



“Dragonflies are reminders that we are light and can reflect the light in powerful ways if we choose to do so.”

2017 Printed Book Entry Form

Submission Instructions:

Please complete this form in its entirety. Mail two (2) copies of each book for each category in which it is entered. Along with the books, send one (1) completed entry form per title for each category in which the book is entered, along with payment to: **Cristy Bertini, Dragonfly Book Awards, 1271 Turkey St., Hardwick, MA 01082. Make check payable to: Story Monsters, LLC** or pay by credit card (below) or via PayPal at paypal@storymonsters.com. **We do not accept money orders.** No materials will be returned. When entering more than one book, all entries can be sent in the same envelope and one check written for the total entry fee. Visit www.DragonflyBookAwards.com for further clarification. **The entry fee is \$65 per title in one category, \$60 per title when multiple books or categories are entered.**

Submissions postmarked **March 1, 2017 or earlier** that meet all entry requirements are eligible for an **Early Bird Reward: One-month FREE listing on www.AuthorsandExperts.com!**

The final deadline for submissions is **May 1, 2017**. To be eligible, submissions must be postmarked May 1, 2017 or earlier. Submissions postmarked after that date will not be considered for an award and books will not be returned; however, your entry fee will be refunded.

BOOK TITLE: _____

AUTHOR(S): _____ CITY/STATE: _____

ILLUSTRATOR: _____ CITY/STATE: _____

AUTHOR EMAIL: _____ ILLUS. EMAIL: _____

CATEGORY ENTERED: _____

PUBLISHER: _____ WEBSITE: _____

PUBLISHER EMAIL: _____ PHONE: _____

- ★ I agree to abide by all the rules laid out at www.DragonflyBookAwards.com and this form. (check here) I agree.
- ★ I give Dragonfly Book Awards permission to use my photo and book cover image in PR & marketing for the Dragonfly Book Awards contests. (check here) I agree.
- ★ (check here) If entrant is age 17 or younger. If entrant is 17 or younger, the contact name and signature above must be entrant's parent or guardian.

CONTACT NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

WEBSITE: _____ REFERRED BY: _____

I would like to donate to Story Monsters BookBank, a division of Five Star Literacy Foundation, a 501(c)(3):

\$2 \$5 \$15 Other: _____

TOTAL # OF BOOKS ENTERED:		TOTAL # OF CATEGORIES:		TOTAL AMOUNT DUE: \$	
Method of Payment: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check					
Acct. #:		Exp. Date: / /		CCV:	Check #:
Signature:				Date:	