



SUBMISSION FORM

Please submit completed form* and your granny square(s) to the library's checkout desk.

Please print.

FIRST NAME *(required):*

LAST NAME *(optional):*

CONTACT INFORMATION *(phone and/or email):*

BOOK TITLE & AUTHOR *(required)*

If using the same form for more than one submission, please provide description for each square next to title and author.

Can we contact you for more information about your submission and/or your library story? ____Y ____N

**If your granny square does not meet these requirements, we will make every attempt to return the granny square. Please include your name and a*