



WAYRBA NOMINATION FORM

If you have just read a great book, we'd like to know about it!

To get it on next year's WAYRBA list, fill out the form below and hand it to your librarian.

This book should go on the: **Younger Readers' List** **Older Readers' List**

AUTHOR _____

TITLE _____

PUBLISHER AND DATE _____

YOUR NAME _____ AGE _____

NAME OF SCHOOL OR
PUBLIC LIBRARY _____

* Librarian or Teacher Librarian or Parent to read and sign*

I have sighted the above MENTIONED book and the publication details are correct.

SIGNATURE _____

Send to WAYRBA, PO BOX 256, GUILDFORD WA 6935



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