

# #ProtectCleanFiction Author Application Form



## YOUR CONTACT INFORMATION

First Name  Last Name

Email  Social Media Handle

## WHAT IS THE AGE RANGE OF YOUR BOOK?

Children's Fiction  Middle/YA  NA+

## WHAT IS THE TITLE OF YOUR BOOK?

## CONTENT GUIDELINES - MARK THE ONES THAT APPLY

Does your book have...

- |  |   |
|--|---|
| <input type="checkbox"/> Kissing         | <input type="checkbox"/> Foreplay (clothes come off)                        |
| <input type="checkbox"/> Swearing        | <input type="checkbox"/> Sex Scenes   |
| <input type="checkbox"/> Mentions of sex | <input type="checkbox"/> Lustful thoughts (undressing a person in thoughts) |
| <input type="checkbox"/> Vulgar Jokes    |   |

Are any of the above done by the main hero or heroine?  No  Yes

Please give a brief reason why you want to be apart of #ProtectCleanFiction:

This form is not legally binding and will only be used to evaluate an author for #ProtectCleanFiction, and no content will be shared without the signature's consent.

Signature

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