

## Author Submission and Release / Permission

**Your Full Name:** \_\_\_\_\_

Please provide your real name, not a pseudonym or pen name.

**Email Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Title of your Story:** \_\_\_\_\_

**Your Pen Name (if applicable):** \_\_\_\_\_

**Chapter in which story fits:** \_\_\_\_\_

**Word Count:** \_\_\_\_\_

The story should contain your real name, the title of the story, and your email address in the header. The manuscript should be double-spaced, in 12-pt Times New Roman type, with one-inch margins and page numbers, preferably in MS Word.

This form does not constitute an offer to publish.

**By signing below:**

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