

# John Spray Mystery Award

## TITLE SUBMISSION FORM

Please complete and return this form along with **five (5)** copies of each book being submitted for consideration to the Canadian Children's Book Centre. Date of publication must be between **January 1 and December 31, 2016**. The deadline for submissions is **December 15, 2016**. All submissions must be postmarked by this date. To review eligibility criteria, [click here](#).

**A copy of this form must accompany each submission.**

*Submissions should be sent to:*

John Spray Mystery Award  
c/o The Canadian Children's Book Centre  
Suite 217, 40 Orchard View Blvd.  
Toronto, Ontario M4R 1B9

**Title:** \_\_\_\_\_

Publication date: \_\_\_\_\_ (Month/Year)

Publisher: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Author is a **Canadian citizen** OR  Author is a **permanent resident of Canada** who has lived in Canada for at least two years.

**Author:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Illustrator is a **Canadian citizen** OR  Illustrator is a **permanent resident of Canada** who has lived in Canada for at least two years.

**Illustrator:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_