

# CLA READING LIST SUBMISSION FORM

ALL SUBMISSIONS ARE DUE THE FIRST MONDAY OF THE MONTH (SEPT—MAY)

Book Title:

Author:

Copyright Date:

**Annotation** (2 sentences maximum):

**Tags** (check as many as apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Adventure          | <input type="checkbox"/> Science & Technology                      |
| <input type="checkbox"/> Animals            | <input type="checkbox"/> Science Fiction                           |
| <input type="checkbox"/> Around the World   | <input type="checkbox"/> Short Stories                             |
| <input type="checkbox"/> Being green        | <input type="checkbox"/> Spirituality                              |
| <input type="checkbox"/> Biography          | <input type="checkbox"/> Sports                                    |
| <input type="checkbox"/> Family             | <input type="checkbox"/> Supernatural                              |
| <input type="checkbox"/> Fantasy            | <input type="checkbox"/> Survival                                  |
| <input type="checkbox"/> Friendship         | <input type="checkbox"/> Suspense                                  |
| <input type="checkbox"/> Graphic Novel      | <input type="checkbox"/> Tough Issues                              |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Travel                                    |
| <input type="checkbox"/> History            | <input type="checkbox"/> Visual Arts                               |
| <input type="checkbox"/> Human Rights       | <input type="checkbox"/> War                                       |
| <input type="checkbox"/> Humor              |  |
| <input type="checkbox"/> LGBTQ              | <input type="checkbox"/> 7 <sup>th</sup> – 8 <sup>th</sup> grade   |
| <input type="checkbox"/> Memoir             | <input type="checkbox"/> 9 <sup>th</sup> – 10 <sup>th</sup> grade  |
| <input type="checkbox"/> Mystery            | <input type="checkbox"/> 11 <sup>th</sup> – 12 <sup>th</sup> grade |
| <input type="checkbox"/> Performing arts    | <input type="checkbox"/> Series                                    |
| <input type="checkbox"/> Poetry             | <input type="checkbox"/> Thick Book                                |
| <input type="checkbox"/> Popular Nonfiction | <input type="checkbox"/> Thin Book                                 |
| <input type="checkbox"/> Romance            |  |
| <input type="checkbox"/> Satire             | <input type="checkbox"/> Other:                                    |
| <input type="checkbox"/> School Days        | <input type="checkbox"/> Other:                                    |

Submitted by: Type your name here

Type the name of your school here

Date: Type the date here

Email completed forms to Liz Vezina: [vezina@cushing.org](mailto:vezina@cushing.org)