FurFright

Author Release Form

I,_____ , hereby release the following written work for use by FurFright in accordance with the guidelines listed on the FurFright website.

Written Work Title(s): _____

Method of Submission: E-Mail Floppy Disk CDR
PLEASE CIRCLE ONE

Name to be displayed with submission: _____
(IF DIFFERENT FROM YOUR REAL NAME)

Contact Information

Full Name: _____
FIRST MI LAST

Mailing Address: _____
STREET ADDRESS

_____

_____
CITY STATE ZIP CODE

_____
COUNTRY

Phone Number: _____

E-Mail Address: _____

_____ _____
SIGNATURE DATE

Mail To:

FurFright
ATTN: Author Release
P.O. Box 264
Durham, CT 06422-0264