



THE CHILDREN'S
BOOK COUNCIL
OF AUSTRALIA

SINCE 1945 — YOUR CONNECTION TO STORY

ENTRY NO: 18-

cbca.org.au

BOOK OF THE YEAR AWARDS 2018 ENTRY FORM

BOOK TITLE: _____

SERIES: (If applicable) _____

ISBN: _____

DATE OF PUBLICATION: Month: _____ Year: 2017

RETAIL PRICE: _____ **FORMAT:** Hardback Paperback

PRINTED IN (Country): _____ **NUMBER OF PAGES:** _____

CATEGORIES:

- Older Readers (OR)** - works of fiction, drama or poetry
- Younger Readers (YR)** - works of fiction, drama or poetry
- Early Childhood (EC)** - works of fiction, drama, poetry or concept
- Picture Book (PB)** - picture book genre where the story, theme or concept is unified through illustrations
- Eve Pownall Award (EP)** - information book (CIP No. _____)

Five Copies of the book are required for each category entered. A book set with one ISBN is regarded as ONE entry requiring five sets.

CLOSING DATE FOR ENTRIES: 30th November 2017.

All entries will be acknowledged and receipted. While all reasonable care will be taken, no responsibility will be accepted for loss or damage of submitted entries.

SEND ENTRIES TO:

**Awards Administrator
The Children's Book Council of Australia
Level 2, State Library of Queensland
Stanley Place, South Brisbane QLD 4101
Email: awards@cbca.org.au**



CREATORS

Creator 1: (Author)

PSEUDONYM

(if applicable)

Please tick NAME TO BE USED ON CERTIFICATE (if applicable)

ADDRESS: _____

PHONE: _____

EMAIL: _____

State of

First Time

Aboriginal or

Residence: _____

Creator: _____

Torres Strait Islander: _____

Creator 2: (Illustrator)

PSEUDONYM

(if applicable)

Please tick NAME TO BE USED ON CERTIFICATE (if applicable)

ADDRESS: _____

PHONE: _____

EMAIL: _____

State of

First Time

Aboriginal or

Residence: _____

Creator: _____

Torres Strait Islander: _____

Creator 3: (Other)

PSEUDONYM

(if applicable)

Please tick NAME TO BE USED ON CERTIFICATE (if applicable)

ADDRESS: _____

PHONE: _____

EMAIL: _____

State of

First Time

Aboriginal or

Residence: _____

Creator: _____

Torres Strait Islander: _____

PUBLISHER:

IMPRINT ON BOOK

(if part of the publishing house): _____

Please tick NAME TO BE USED ON CERTIFICATE (if applicable)

ADDRESS: _____

PHONE: _____

EMAIL: _____

PUBLISHER CONTACT: _____



ELIGIBILITY OF THE CREATOR/S:

- I certify that the creator/s meet all the required eligibility of entry.
1. Creator is Australian citizen or resident
 2. Creator was alive in year of publication
 3. Creator (if illustrator) made significant contribution to book

ACCEPTANCE OF ENTRY:

- I certify that the following information confirms eligibility of the book to be entered in the CBCA BOTYA Awards.
1. Book published in Australia during 2017.
 2. Book available to the public
 3. Book written in English
 4. Book not previously published
 5. Book is in printed format
 6. Book suitable for readers up to 18 years
- I understand that the \$99 entry fee for each book entered in each category is to be paid prior to acceptance of entry. (Payment details shown below)
- I give permission for the cover of the book entered to be used by CBCA for publicity purposes.
- I can provide further information regarding the creators including background information and photos should the CBCA require this for publicity purposes.

PUBLISHER/CREATOR NAME: _____

SIGNATURE: _____ **DATE:** _____

PAYMENT DETAILS:

SEND EFT PAYMENT TO:

Bank:	Commonwealth Bank
Account Name:	CBCA National Executive Working Account
BSB:	066 124
Account No:	10184639
Amount:	\$ _____
Reference:	BOTYA (no. of entries)
Remittance:	email remittance to: awards@cbca.org.au

CREDIT CARD PAYMENT DETAILS:

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	____ / ____ expiry	____ CVC
Name on Card: _____		Amount: \$ _____			
Email address for receipt: _____					
Signature of Cardholder: _____					

CHEQUE OR MONEY ORDER INCLUDED: \$ _____