

**Boroondara Memories Submission Form**

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| **First Name:** |  | **Last Name:** |  |
| *As you wish it to appear in the publication* |
|  |
| **Name for Correspondence**: |  |
|  |  |
| **Email address for Correspondence:** |  |
|  |  |
| **Title of submission:** |  |
|  |  |
| **Area of Boroondara referred to:** |  |
|  |  |
| **I am under 18: (Yes/No)** |  |  |
|  |
| **Author biography** (up to three sentences): |
|  |
| A photograph/artwork is attached to this submission (Yes/No) |  |  |
|  |
| **MY SUBMISSION** | *Please cut and paste your submission below with space between each paragraph. Indent paragraphs with CTRL-TAB (if necessary).* |
|  |
| **Writer Declaration**I formally declare that the content of this submission is my original work. It has not been published previously in any media including books, anthologies or websites. It is not being reviewed by any editorial office of publishers.  |
| Type your name:  |  | Date: |  |

PLEASE SUBMIT THIS FORM TO:

Sarah at boroondara.writers.inc@gmail.com by 31 August 2025.