

Quick Critique Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Author Name: _____

Manuscript Name: _____

Genre: _____ Word Count of Chapter: _____

Story rating: (circle one)

PG A story with no cussing, sex, or graphic violence

PG-13 A story with mild cussing (hell, damn), sexual tension, some violence

R A story with cussing, sex scenes, graphic violence

Why did you choose the above rating? _____

Briefly describe your story: (You may attach a one-page synopsis.)

Are you under a deadline? _____ Requested turnaround time: _____

Do you have any specific details you want feedback on? _____

Are you published? If yes, provide the name of your publisher. _____

The above information is true to the best of my knowledge. I understand that I will receive an invoice for the critique fee to be paid prior to submission.

Signature: _____

Date: _____

E:mail for to: Submissions@IntegraAuthorServices.com