Dear Parents,

I’m excited to tell you that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, author **Lisa Maggiore** of Chicago, IL, will visit our school to speak to students in (insert grades).

***Ava the Monster Slayer: A Warrior who Wears Glasses*** was an Illinois Reads pick in 2017. She draws from her experience as a mom of a child who has an eye condition and has worn glasses since age two. Lisa brings an upbeat presentation full of personal stories, writing/publishing tips, and “insider information” about her book.

If you would like your child to have a book signed by the author, or if you want to order multiple books as gifts, please complete and return this form with payment to your child’s teacher. Lisa will sign and personalize each book. You are under no obligation to order a book, and Lisa will donate a copy to our school library.

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Thank you!

(LIBRARIAN/TEACHERS NAME)

Questions? (INSERT EMAIL)

**“AVA THE MONSTER SLAYER; A WARRIOR WHO WEARS GLASSES”**

Written by Lisa Maggiore

Illustrated by Ross Felten

**SUMMARY:** Don’t underestimate Ava just because she’s “cute” and wears “adorable glasses”—she’s really a fierce monster slayer. And when her beloved Piggy is left in the dryer in the basement, Ava knows she’ll have to face the ferocious monsters lurking in the dark if she wants to rescue her favorite stuffed animal. 32 pgs. @2015 ISBN 978-1634501514  $15

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***AVA THE MONSTER SLAYER*** **Book Order & Autograph Form**

Book #1: Child’s Name (please print legibly):

*Check this box to verify that you want the book personalized by the author with your child’s name. If you prefer no personalization (signature only), please leave the box unchecked.*

Please list other name(s) below *if* you are ordering additional copies that you would like personalized:

Name(s) for Book #2:

Name(s) for Book #3:

**Please send cash or credit card information** and return to your child’s teacher by [INSERT DATE]. Your child will receive his or her book(s) on the day of Lisa’s author visit.

**Total Number of Books \_\_\_\_\_\_\_\_\_\_\_ @ $15 each. Total amount owed \_\_\_\_\_\_\_\_\_\_**

**C.C. NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP. DATE: \_\_\_\_\_\_\_\_\_\_ CODE: \_\_\_\_\_\_\_\_\_**