

Signature Submission Form

Ship To:
Attention: Joshua Avery
PO BOX 142
Harwich, MA 02645



Name: _____
Address: _____

Phone: _____
E-Mail: _____

*Witnesses or Owners of this comic MUST sign below on each form and them place it behind the backing board.
For extra protection of your book please add your name and cell number to the back of comic board

Title: _____ **Issue No.** _____

List each witnessed signature below

WITNESS SIGN PLEASE
