



Cover

Would read again?

yes No Have

_____ times read

Date Started:

____ / ____ / ____

Date Finished:

____ / ____ / ____

Title: _____

Author: _____

Method: _____

Main Character(s): _____

Length: _____

Tropes: _____

Series?

yes No

Book _____ of _____

Overall Rating:



Spice Rating.:



Trigger Warnings: _____

Quote(s): _____
