DOLLY PARTON’S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM

Child’s Name: First Name ___________________________ Last Name ___________________________

Child’s Date of Birth: ____ / ____ / ________ Sex: M F Phone: ______________

MONTH DAY YEAR

Authorized Adult’s Name: First Name ___________________________ Last Name ______________

Authorized Adult’s Address: __________________________________________

ADDRESS

CODE

CITY STATE ZIP

Authorized Adult’s Email Address: __________________________________________

Child’s Home Address: __________________________________________

ADDRESS

CODE

CITY STATE ZIP

Mailing Address: __________________________________________

(If Different)

ADDRESS

CODE

CITY STATE ZIP

I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purposes of participating in Dolly Parton’s Imagination Library book gifting program. To measure the benefits of this program we may create data sets with the information provided herein and share them with research and educational advancement partners. You agree to review our full Terms & Conditions and Privacy Policy by visiting imaginationlibrary.com. By signing and submitting this form you expressly consent to the terms set forth herein.

Authorized Adult Signature: __________________________________________

To find the mailing address of the local program please visit one of the following links:

USA: https://imaginationlibrary.com/usa/find-my-program/
Canada: https://imaginationlibrary.com/ca/find-my-program/
United Kingdom: https://imaginationlibrary.com/uk/find-my-programme/
Australia: https://imaginationlibrary.com/au/find-my-programme/

FOR OFFICE USE ONLY: Date Received: ___________________________ Group Code: ________________