



## Dolly Parton's Imagination Library 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

\_\_\_\_\_ CITY STATE ZIP

Authorized Adult's Email Address: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
ADDRESS

\_\_\_\_\_ CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
(If Different) ADDRESS

\_\_\_\_\_ 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](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein.

Authorized Adult Signature: \_\_\_\_\_

Questions, call 740.349.5500. Mail completed form to: Friends of the Licking County Library, 101 West Main Street, Newark, Ohio 43055