



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

_____ CITY STATE ZIP CODE

Authorized Adult's Email Address: _____

Child's Home Address: _____
ADDRESS

_____ CITY STATE ZIP CODE

Mailing Address: _____
(If Different) ADDRESS

_____ CITY STATE ZIP CODE

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: _____

Please mail to: GAEEF P.O. Box 623, Greencastle PA 17225

FOR OFFICE USE ONLY: Date Received: _____ Group Code _____



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