

Dolly Parton's Imagination Library Official Registration Form

1st Preschool Child's FULL Name _____ Sec: M F Phone _____
Child's Date of Birth _____ / _____ / _____
2nd Preschool Child's FULL Name _____ Sec: M F Phone _____
Child's Date of Birth _____ / _____ / _____
Authorized Adult Name _____ Phone _____
Child's Mailing Address _____
Address _____
CITY _____ STATE _____ ZIP CODE _____
Email Address _____

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 bookgifting program. To receive the benefits of this program we may create databases with the information provided herein and share them with various and additional authorized 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.

SIGNATURE OF AUTHORIZED ADULT _____

FOR OFFICE USE ONLY: Date Received: _____

Group Code: _____

Sign up your child today!

Simply fill out the above form and mail to:

Literacy Council of NE NM

Elizabeth Ratzlaff, Coordinator
PO Box 481
Las Vegas, NM 87701
505-454-9242



www.imaginationlibrary.com