

Dolly Parton's Imagination Library Official Registration Form



Child's Name: First _____ Last _____

Child's Date of Birth: _____ / _____ / _____ Sex: M F
Month Day Year

Phone: _____

Authorized Adult's Name: First _____ Last _____

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 purpose of participating in Dolly Parton's Imagination Library book gifting program. To measure the benefits of this program we may create datasets 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 the following link:

<https://imaginationlibrary.com/usa/find-my-program>

Remember you can register on line using <https://imaginationlibrary.com/usa/find-my-program> or mail this form to Everybody Reads in Kingdom, c/o Greater Barton Arts, PO Box 171, Barton, Vermont 05822

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