



Dolly Parton's Imagination Library Official Registration Form *(one per child required)*

Privacy Statement: This information will not be used for any purpose other than the Imagination Library.

Child's Full Name: _____

Parent/Guardian Name: _____

Child's Date of Birth: ____ / ____ / ____ Sex: M F Phone: _____

Child's Home Address: _____

Mailing Address: _____

Email Address: _____

Signature: _____

"This child is a resident of YOUR TOWN, USA"

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