

DOLLY PARTON'S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM

1ST CHILD'S FULL NAME _____

CHILD'S DATE OF BIRTH ____/____/____

SEX ☐ MALE ☐ FEMALE

2ND CHILD'S FULL NAME _____

CHILD'S DATE OF BIRTH ____/____/____

SEX ☐ MALE ☐ FEMALE

AUTHORIZED ADULT NAME _____

EMAIL ADDRESS _____ PHONE _____

CHILD'S MAILING ADDRESS _____

(STREET ADDRESS/PO BOX)

(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'S SIGNATURE _____

MAIL TO:

UNITED WAY OF JEFFERSON COUNTY PO BOX 1463 STEUBENVILLE, OH 43952
OR RETURN TO A JEFFERSON COUNTY LIBRARY OR ELEMENTARY SCHOOL

