

**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.*

PLEASE PRINT

Preschool Child's FULL Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M F Phone: \_\_\_\_\_  
MONTH DAY YEAR

Parent/Guardians Name: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
(If Different) ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE

Email Address: \_\_\_\_\_

"This child is a resident of YOUR TOWN, USA" \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_ - \_\_\_\_\_

**Sign up your  
child today!**

Simply fill out the form and mail to:



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