

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:



The Dollywood Foundation is a 501(c)(3)
public nonprofit organization.