

DOLLY PARTON'S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM



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

Child's Name: First Name _____ Last Name _____

Child's Date of Birth: _____ / _____ / _____ Sex: _____ Phone: _____
MONTH DAY YEAR

Authorized Adult's Name: First Name _____ Last Name _____

Authorized Adult's Address: _____
ADDRESS

_____ CITY STATE ZIP
CODE

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 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 Signature: _____

Please email or mail form to:
Natalie Loock
Freeborn County Public Health
411 South Broadway Ave, PO Box 1147
Albert Lea, MN 56007
natalie.loock@co.freeborn.mn.us

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