



DOLLY PARTON'S IMAGINATION LIBRARY
OFFICIAL REGISTRATION FORM (one per child required)

Childs **FULL** Name _____

Childs Date of Birth _____ / _____ / _____

Sex M F

Parent/ Guardian's Name _____

Childs Home Mailing Address _____

POSTCODE _____

Phone Number _____

Parent/Guardian's email address (please print very clearly):

"This child is eligible for this scheme"

SIGNATURE OF PARENT OR GAURDIAN

I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purpose of participation In Dolly Parton's Imagination Library book gifting programme. To measure the benefits of this program we may create data sets with the information provided hereon and share the with research and educations advancement partners. You agree to review our full Terms and Conditions and Privacy Policy buy visiting imaginationlibeary.com. By signing and submitting this form you expressly consent to the terms set forth herein.

