

**Dolly Parton's Imagination Library Official Registration Form**



Child's Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Authorized Adult's Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Authorized Adult's Address: \_\_\_\_\_  
Address

City State Zip

Authorized Adult's Email Address: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
Address

City State Zip

Mailing Address: \_\_\_\_\_  
(If Different) Address

City State Zip

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](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein.

Authorized Adult Signature: \_\_\_\_\_

**Keep the bottom portion**



**Dolly Parton's Imagination Library**

If signing up in Montgomery County Ohio, please mail registration form to:

**Dayton Children's Hospital/Imagination Library  
C/O Jessica Saunders, 1 Children's Plaza, Dayton, OH 45404**

- Children up to age 5 can sign up to receive free books delivered to their home once a month
- You can sign up multiple children, as long as they are younger than 5.
- Expect your child's book to arrive in 6 – 8 weeks!
- To learn more visit: [ohioimaginationlibrary.com](http://ohioimaginationlibrary.com)