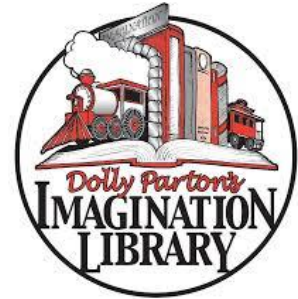


Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used for any purpose other than those related to the Imagination Library. PLEASE PRINT



Preschool Child's FULL Name _____

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

Parent/Guardian's Name _____

Child's Home Address _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different) _____

City: _____ State: _____ Zip Code: _____

Email Address _____

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.

'This child is a resident of **Dona Ana County**' _____ (Parent/Guardian Signature)

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

Sign up your child today!
Simply fill out the above form and mail to:

United Way of Southwest New Mexico
PO Box 1347
Las Cruces, NM 88004

