

DOLLY PARTON'S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM

Child's First Name _____ Last Name _____

Child's Date of Birth ____ / ____ / ____ Gender: ____ Phone: _____

Authorized Adult's First Name _____ Last Name _____

Authorized Adult's Address: _____

_____ CITY STATE ZIP

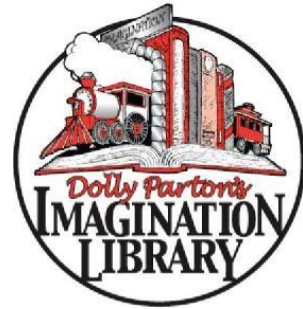
Authorized Adult's Email Address: _____

Child's Home Address: _____

_____ CITY STATE ZIP

Mailing Address: _____
(If Different)

_____ CITY STATE ZIP



United Way
of Northwest Arkansas
UnitedWayNWA.org

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: _____

Community Advocate: _____
(Optional – please provide the name of the organization or entity that referred you to the program)

Mail the completed form to:

United Way of Northwest Arkansas
Dolly Parton's Imagination Library
100 Parkwood Street
Lowell, AR 72745

OR email the completed form to dpil@unitedwaynwa.org

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