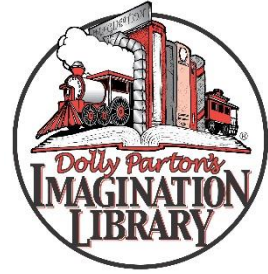


DOLLY PARTON'S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM



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

*Child's Name: First Name _____ Last Name _____

*Child's Birthdate: ____ / ____ / ____ *Sex: M F Phone: _____

Please note this program is only for children under the age of 5-year-old.

Authorized Adult's Email Address: _____

*Authorized Adult's Name: First _____ Last _____

*Authorized Adult's Address: Street _____

Apartment/Building _____ City _____ State _____ Zip Code _____

Child's Mailing Address (if different than above): Street _____

Apartment/Building _____ City _____ State _____ Zip Code _____

*What school district will your child be entering? _____

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: _____ Date: _____

To find the mailing address of the local program please visit <https://imaginationlibrary.com/>

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