



Dolly Parton’s Imagination Library

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| --- | --- |
| Parent/Guardian’s Name: |  |
| Home address including postcode: |  |
| Contact no:  | Email: |
| Details of child(ren) to be registered |
| Name(s) | Date of Birth | Sex (M or F) |
|  |  |  |
|  |  |  |
| Signature of parent/guardian to confirm registration of child(ren) above: |

Registration Form

I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purposes of participating in Almond HA’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.