

Sign up your child today!

Simply fill out the form and mail to:

Dolly Parton's IMAGINATION LIBRARY Official Registration Form (one per child required)

Privacy Statement: This information will not be used for any purpose other than the Imagination Library.

PLEASE PRINT

Preschool Child's FULL Name: _____

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

Parent/Guardians Name: _____

Child's Home Address: _____
ADDRESS

CITY STATE ZIP CODE

Mailing Address: _____
(if Different) ADDRESS

CITY STATE ZIP CODE

Email Address: _____

"This child is a resident of YOUR TOWN, USA"

SIGNATURE OF PARENT/GUARDIAN

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



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