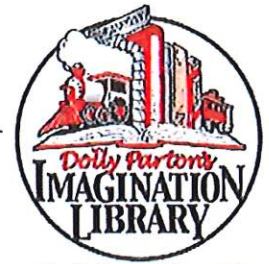


DOLLY PARTON'S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM



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

Child's Name: First Name _____ Last Name _____

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

Authorized Adult's Name: First Name _____ Last Name _____

Authorized Adult's Address: _____
ADDRESS

CODE CITY STATE ZIP

Authorized Adult's Email Address: _____

Child's Home Address: _____
ADDRESS

CODE CITY STATE ZIP

Mailing Address: _____
(If Different) ADDRESS

CODE CITY STATE ZIP

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: _____

To find the mailing address of the local program please visit one of the following links:

USA: <https://imaginationlibrary.com/usa/find-my-program/>

Canada: <https://imaginationlibrary.com/ca/find-my-program/>

United Kingdom: <https://imaginationlibrary.com/uk/find-my-programme/>

Australia: <https://imaginationlibrary.com/au/find-my-programme/>

If signing up in Montgomery County Ohio, please mail registration form to:

Dayton Children's Hospital/Imagination Library

C/O Jessica Saunders, 1 Children's Plaza, Dayton, OH 45404

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