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: Sex: M F Phone: Parent/Guardians Name: Child's Home Address: ADDRESS CITY STATE ZIP CODE Mailing Address: ADDRESS (If Different) 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:

Sign up your child today!

Simply fill out the form and mail to:



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

Group Code: ________