Dolly Parton's Imagination Library of Ravalli County Registration Options

1) **REGISTER ONLINE: go to imaginationlibrary.com**
   Scroll down and click on Check Availability. Fill out form.
2) **MAIL** this form to Dolly Parton Imagination Library, PO Box 1974, Hamilton, MT 59840
3) **EMAIL** this form to: imaginationlibraryrc@gmail.com

Use additional forms to add more children in your family under 5 years old.
Please do not register children who will turn five within six months.

Please print clearly.

1st Child's Full Name: _____

Child's Date of Birth:_ _____/_____/_____ **Sex:** ☐ **M** ☐ **F**
Month Day Year

2nd Child's Full Name: _____

Child's Date of Birth:_ _____/_____/_____ **Sex:** ☐ **M** ☐ **F**

Child's Mailing Address:_____apt._____
(must be in Ravalli County)
City_____State:_____zip_____

Authorized Adult's Name:_____

Phone:_____Email:_____

Identifying information will only be used to mail the books. It will not be shared.

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 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_____