



**IMAGINATION LIBRARY OF CHARLES COUNTY OFFICIAL REGISTRATION FORM**

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

\_\_\_\_\_ CITY STATE ZIP  
CODE

Authorized Adult's Email Address: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
ADDRESS

\_\_\_\_\_ CITY STATE ZIP  
CODE

Mailing Address: \_\_\_\_\_  
(If Different) ADDRESS

\_\_\_\_\_ CITY STATE ZIP  
CODE

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](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein.

Authorized Adult Signature: \_\_\_\_\_

**RETURN THIS FORM TO ANY CHARLES COUNTY PUBLIC LIBRARY BRANCH TO FINISH YOUR REGISTRATION.**

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

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

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_

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