

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: _____ / _____ / _____ Sex: M F Phone: _____
MONTH DAY YEAR

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: _____ - _____

Sign up your child today!

Simply fill out the form and mail to:

Fill out and e-mail to
gwen@unitedwaydefiance.org
or print and mail to:
United Way of Defiance County
608 Clinton Street
Defiance, OH 43512



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