

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used for any purpose other than the Imagination Library.

PLEASE PRINT

1st Preschool Child's FULL Name _____

Child's Date of Birth ____/____/____ Sex: M F Phone _____

2nd Preschool Child's FULL Name _____

Child's Date of Birth ____/____/____ Sex: M F Phone _____

Parent/Guardian's 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 Clark, Champaign or Madison County." _____

SIGNATURE OF PARENT/GUARDIAN

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

Sign up your child today!

Simply fill out the above form and mail to:

United Way of Clark, Champaign & Madison Counties

P.O. Box 59
Springfield, OH 45501
(937) 324-5551



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