



DOLLY PARTON'S IMAGINATION LIBRARY REGISTRATION FORM

**Free Books Every Month
For Hartford Kids Under 5
- Delivered Right To Your Home !**

**¡Libros Gratis para niños de
Hartford menores de 5 años
por correo a sus casas cada mes!**

1st Child's Name: _____
Nombre del primer niño(a)

1st Child's Date of Birth: _____ / _____ / _____ Sex: ☐ M ☐ F
Fecha de nacimiento *Género*

2nd Child's Name: _____
Nombre del segundo niño(a)

2nd Child's Date of Birth: _____ / _____ / _____ Sex: ☐ M ☐ F
Fecha de nacimiento *Género*

Parent /Guardian Name : _____
Nombre de uno de los padres

Email: _____ Phone: _____
Número de teléfono

Mailing Address: _____
Dirección postal

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. By signing and submitting this form you expressly consent to the terms set forth herein.

Parent Signature: _____
Firma de los padres

Please send to molynciw@unitedwayinc.org or Imagination Library, 30 Laurel St. #1, Hartford, CT 06106
Questions? Call Mark Olynciw at (860) 493-6832

