

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

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

Parent/Guardian's Name _____

Child's Home Address _____

_____ CITY HAWAII STATE 96777

Child's Mailing Address _____

_____ CITY HAWAII STATE 96777

Email Address _____

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 datasets 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.

"This child is a resident of zip code 96777" _____

SIGNATURE OF AUTHORIZED ADULT

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



Cut Here 

Sign up your child today!

Simply fill out the above form and mail or drop off to:

Pahala Public & School Library

96-3150 Pikake Street

Pahala, Hawaii 96777

(808) 928-2015

Please visit the library's website for current hours of operation

<https://www.librarieshawaii.org/visit/branches/>



www.imaginationlibrary.com

<https://flhhawaii.org/ohanareaders>