



Dolly Parton's IMAGINATION LIBRARY Official Registration Form (one per child required.)

Preschool Child's Name _____

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

Parent/Guardian's Name _____

Child's Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

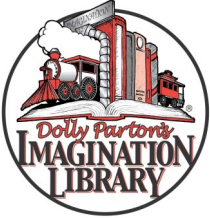
*This child is a resident of *Spartanburg County School District* 1 2 3 4 5 6 7 other* _____
(Circle one) Signature of parent or guardian

*This child is a resident of *Union County School District* _____

*If resident of Spartanburg/Union County OR parent/guardian is employed in Spartanburg or Union County.



Sign up your child today!
Simply fill out and mail to:
Imagination Library Project
P.O. Box 5624
Spartanburg, SC 29304
The Dollywood Foundation is a 501c(3) public nonprofit organization.



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