

## OLGOONIK IMAGINATION LIBRARY REGISTRATION FORM

☐ Check here if this is an address change for an **existing** Imagination Library participant.

**REGISTRATION INFORMATION** (Fill out completely for **each** child you are registering)

CHILD 1 ☐ Male ☐ Female

FIRST NAME

M.I.

LAST NAME

DATE OF BIRTH

CHILD 2 ☐ Male ☐ Female

FIRST NAME

M.I.

LAST NAME

DATE OF BIRTH

CHILD 3 ☐ Male ☐ Female

FIRST NAME

M.I.

LAST NAME

DATE OF BIRTH

**PARENT/GUARDIAN INFORMATION** (Fill out completely)

PARENT/GUARDIAN NAME

PHONE

EMAIL

**PARENT/GUARDIAN INFORMATION**

MAILING ADDRESS (WHERE BOOKS SHOULD BE SENT)

ADDRESS *P.O. Box / Street & Unit*

CITY, STATE, ZIP CODE

PHYSICAL ADDRESS (PLACE OF RESIDENCE)

ADDRESS *P.O. Box / Street & Unit*

CITY, STATE, ZIP CODE

**VERIFICATION & SIGNATURE**

By signing below, I certify the above information is true and correct and certify, to the best of my knowledge, that the child listed above is eligible to join Olgoonik's Imagination Library.

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, Dolly Parton's Imagination Library and/or the Dollywood Foundation may create data sets with the information provided herein and share them with research and educational advancement partners.

By signing below, you agree to review the full Terms & Conditions and Privacy Policy by visiting [imaginationlibrary.com](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

**RETURN COMPLETED IMAGINATION LIBRARY APPLICATIONS TO:**

Email: [shareholderservices@olgoonik.com](mailto:shareholderservices@olgoonik.com) | Fax: (907) 562-8728 (Anchorage) or (907) 763-2926 (Wainwright)  
Applications may also be dropped off in-person in Wainwright or Anchorage.