



DOLLY PARTON'S
**IMAGINATION
LIBRARY**



YOUR CHILD'S DETAILS

(Please complete in CAPITAL LETTERS)

First Name:

Last Name:

Date of Birth:

ADDRESS

Street Address:

Postal Address (if different from above):

Town:

State:

Postcode:

PARENT/GUARDIAN DETAILS

First Name:

Last Name:

Phone Number:

Email:

TERMS & CONDITIONS

I consent to allow the Dollywood Foundation, Inc. and United Way Australia to use the information provided herein for the purposes of participating in Dolly Parton's Imagination Library book gifting program. For further information, or how to change your contact details refer to the UWA Privacy Policy on our website. United Way Australia routinely surveys parents/guardians to understand the impact of the program. The feedback is de-identified and used to share outcomes.

Authorised Adult Signature:

OR

Parent/guardian consent provided

Date: