



REGISTRATION FORM

Community Foundation
CENTRAL BLUE RIDGE

Child Information

1st Child's FULL Name _____
FIRST MIDDLE LAST

1st Child's Date of Birth _____ / _____ / _____ (Child must be between the ages of 0 and 5 to register.)
MONTH DAY YEAR

2nd Child's FULL Name _____
FIRST MIDDLE LAST

2nd Child's Date of Birth _____ / _____ / _____ (Child must be between the ages of 0 and 5 to register.)
MONTH DAY YEAR

Child's Mailing Address _____
ADDRESS

CITY

ZIP CODE

Parent / Caregiver Information

Authorized Adult Name _____
PLEASE PRINT PHONE NUMBER

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 programme. 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."

Authorized Adult Signature _____

ENROLL YOUR CHILD TODAY

Please submit the completed form via email to mburrows@cfcbr.org or by mail to:
Miriam D Burrows c/o The Community Foundation, PO Box 815, Staunton, VA 24402

OFFICE USE ONLY

Date Received _____ / _____ / _____ Notes _____