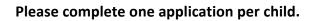


## **Dolly Parton's Imagination Library Registration Form**

Provided by United Way of Northern Nevada and the Sierra and funded by local donors.





Child's Name: First Name		Last Name		
Child's Date of Birth  Mont	/ / h Day Year	Sex: F M	Telephone:	
Authorized Adult's Name: First Name		_ Last Name		
Authorized Adult's Address				
	Address			
Authorized Adult's Email:	City	·	State	Zip Code
Child's Home Address:				
	Address			
Mail Address:	City		State	Zip Code
(If Different)	Address			
	City		State	Zip Code
I hereby explicitly consent to allopurposes of participating in Dolly program, we may create data sets advancement partners. You agrimaginationlibrary.com. By signing I also consent to allow United Wherein for the purposes of particular to solicit funds from me for solicit fund	Parton's Imagination Lik with the information pro- ree to review our fu- and submitting this form ay of Northern Nevada cipating in Dolly Parton g my child's participation	prary book gifting by ided herein and the Sierra and the Sierra in the programm articipation in the programmaticipation in the program	ng program. To me d share them with onditions and Pr consent to the terr (UWNNS) to use the Library book gifting and share limited the program. UWI	asure the benefits of this research and educational ivacy Policy by visiting ms set forth herein.  The information provided g program. I understand information. UWNNS will NNS Imagination Library
Authorized Adult's Signature:		Date:		
. 0				
	Submit registi	ration form:		
639 Isbell Road, Suite 46	: United Way of North 50, Reno, NV 89509 - A DR <u>Email</u> to: communit	ttention: Dolly	Parton's Imagina	ation Library
Where did you pick up Registi	ration Form:			