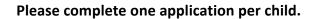


Child's Name:

Dolly Parton's Imagination Library Registration Form

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





First Name		Last Name		
Child's Date of Birth Mont	/ / th Day Year	_ Sex: F M	Telephone	:
Authorized Adult's Name: First Name		Last Name		
Authorized Adult's Address				
	Address			
	City		State	Zip Code
Authorized Adult's Email:	<u> </u>	;		<u>. </u>
Child's Home Address:				
	Address			
	City		State	Zip Code
Mail Address: (If Different)	Address			
,			Clata	
	City		State	Zip Code
purposes of participating in Dolly program, we may create data sets advancement partners. You again again a set of the purposes of particular purposes of partic	s with the information progree to review our following and submitting this for way of Northern Nevada icipating in Dolly Partoring my child's participation	ovided herein a ull Terms & m, you expressland the Sierra's Imagination in the progra	and share them Conditions an ly consent to th a (UWNNS) to Library book m and share lir	with research and educational of Privacy Policy by visiting terms set forth herein. use the information provided gifting program. I understand mited information. UWNNS will
Should we reach o	ur enrollment capacity,	we will notify y	ou and add yοι	u to our waitlist.
Authorized Adult's Signature:			D	ate:
	Submit regist	ration form:		
Drop Off at: H	Humboldt County Libra		Street, Winner	mucca
	to: United Way of Nor	thern Nevada	and the Sierr	a,
C	OR <u>Email</u> to: communit	yimpact@uw	nns.org	
Where did you pick up Regist	ration Form:			