

Dolly Parton's Imagination Library Official Registration Form
(One per child required)

Privacy Statement: This information will not be used for any purpose other than the Imagination Library.

Please print/type:

Preschool Child's FULL Name _____

Child's Date of Birth _____/_____/_____

Sex: _____ Male _____ Female

Phone: _____

Parent/Guardian's Name _____

Child's Home Address _____

Mailing Address (if different): _____

This child is a resident of **WISE COUNTY/CITY OF NORTON, VIRGINIA:**

(Insert child's name above)

For office use only: Date Received: _____

Group Code: _____

To Submit Form:

Send By Postal Mail to:
Lonesome Pine Office on Youth
PO Box 568
Big Stone Gap, VA 24219

~~~~~

**OR Return it to the Basler Library,**  
**Northeast State Community College**

~~~~~

**OR Return it to any Public Library in Wise County/
City of Norton, VA.**