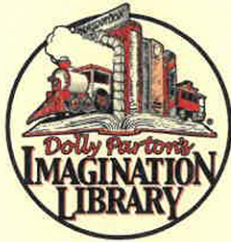


# Lowndes County Imagination Library

Presents



### What Is It?

Each month a new, carefully selected book will be mailed in your child's name directly to your home. The first book is always the children's classic *The Little Engine That Could™*. Best of all it is a FREE GIFT to your child through our partnership with local organizations! There is no cost or obligation to your family.

### Who Is Eligible?

Children under the age of five in **Lowndes County**.

### What Are My Responsibilities?

1. Be a resident of **Lowndes County**.
2. Submit an official registration form, completely filled out by the authorized adult.
3. Notify **Lowndes Co. Imagination Library** any time your address changes. Books are mailed to the address listed on the account. Note: If the child's address changes, you must contact your friends at the address on this brochure in order to continue receiving books.
4. Read with your child and have fun!

### When Will I Receive Books?

Eight to ten weeks after your registration form has been received, books will begin arriving at your home and will continue until your child turns five or you move out of the covered area.



[www.imaginationlibrary.com](http://www.imaginationlibrary.com)

## Dolly Parton's Imagination Library Official Registration Form

1st Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_

2nd Child's FULL Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Adult Name \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_


ADDRESS  
CITY STATE ZIP CODE

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 program. 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](http://imaginationlibrary.com). By signing and submitting this form you expressly consent to the terms set forth herein.

SIGNATURE OF AUTHORIZED ADULT \_\_\_\_\_

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Group Code: \_\_\_\_\_

Cut Here 

## Sign up your child today!

Simply fill out the above form and mail to:

### LC Imagination Library

P.O. Box 511  
Columbus, MS 39703  
[www.lowndesil.org](http://www.lowndesil.org)  
662-328-2424



[www.imaginationlibrary.com](http://www.imaginationlibrary.com)