

Dolly Parton's IMAGINATION LIBRARY Official Registration Form

Privacy Statement: This information will not be used without your permission for any purpose other than those related to the Imagination Library.
PLEASE PRINT

1ST Child's Full Name: _____
First Middle Last

Child's Date of Birth: ____ / ____ / ____ Gender: M F

2ND Child's Full Name: _____
First Middle Last

Child's Date of Birth: ____ / ____ / ____ Gender: M F

Parent/Guardian's Name: _____ Phone: _____

Email: _____

Child's Home Address: _____
Street Apt.

Town/City State Zip Code

* This Child is a resident of Carroll County _____

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____

Group Code: _____

Sign your child up today!

Fill out the form above & mail to:

United Way of Northwest Illinois
524 W. Stephenson St. - Suite 101
Freeport, IL 61032

If you have questions, please contact us...

Call (815) 232-5184

Email uwoffice@uwni.org



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