



**OHIO GOVERNOR'S IMAGINATION LIBRARY  
OFFICIAL REGISTRATION FORM**

**Trumbull County**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Last

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (circle one): M F Phone: \_\_\_\_\_  
For text notifications, list cell phone number. \*

Authorized Adult's Name: \_\_\_\_\_  
First Last

Authorized Adult's Address: \_\_\_\_\_  
City State Zip Code

Authorized Adult's Email Address: \_\_\_\_\_

*\*Would you like to receive text updates from Ohio Governor's Imagination Library about your child's books and early childhood literacy? (Std. msg & data rates apply. You will receive approximately 2 msg/month.):* Yes No

Child's Home Address: \_\_\_\_\_  
City State Zip Code

Mailing Address (If Different): \_\_\_\_\_  
City State Zip Code

I hereby explicitly consent to allow United Way of Trumbull County and the Dollywood Foundation Inc. to use the information provided herein for the purposes of participating in the Ohio Governor's Imagination Library free book gifting program. To measure the benefits of this program, we may create data sets 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.

Authorized Adult Signature: \_\_\_\_\_ Date

**RETURN TO:  
United Way of Trumbull County  
c/o Imagination Library  
3601 Youngstown Road, SE  
Warren, Ohio 44484-2832**

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Group Code

\_\_\_\_\_  
Initials