DOLLY PARTON'S IMAGINATION LI (Source:	BRARY Official Registration Form – PLEAS	E PRINT CLEARLY *=REQUIRED  Date:
*1st Child's Full Name:		
*Child's Date of Birth: (MM/DD/YY)	Sex: M F Telephone:	
2nd Child's Full Name:		
Child's Date of Birth://_	Sex: M F Alternate telephone:	
*NAME OF PARENT/GUARDIAN AT A	ADDRESS REQUIRED):	
*Child's Home Address:		APARTMENT#
City:	SC	Zip Code:
P.O. Box if that is where you receive your n	nail:	
City:	SC	Zip Code:
Email Address:		

## Enroll today.

arrive in about 2 months Your first book(s) will

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Charleston SC 29402 PO Box 183

For more information:

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old or YOUNGER and live in one of the fol-To be eligible, children must be 4 1/2 years

29438, 29439, 29449, 29455, lowing zip codes: 29401, 29403, 29405, 29406, 29407, 29409, 29426, 29429, 29458, 29470, or 29487

Read to your baby every day.

## SCC K

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One book per month will be mailed For ages: Birth - 4 years to each enrolled child until s/he turns five.

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