



Dolly Parton's Imagination Library Registration Form

Child's Full Name _____ Date of Birth ___/___/___

Home Address _____ Zip Code _____

City/State _____

Mailing Address (if different) _____ Zip Code _____

City/State _____

Email Address _____

"This child is a resident of JOHNSTON COUNTY" _____

Signature of Parent/Guardian

For Office Use Only: Date Received _____ Group Code: _____ - _____

Mail Forms to:

Murray State College Foundation
One Murray Campus
Tishomingo, OK 73460

Email Forms to:

mcoobb@mscok.edu

Questions? Contact mcoobb@mscok.edu or 580.387.7101