



Guest Registration Form

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag:

Age/DOB: _____

Gender: Female: ☐ Male: ☐

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About You: _____

Emergency Contact during event (will be listed on guest's nametag):

Emergency Contact Phone (will be listed on guest's nametag):

Related Health Concerns: _____

Wheelchair/Accessibility Device Dependent: Yes: ☐ No: ☐

Special Communication Needs: No: ☐ Yes: ☐ If yes, please explain:

Related Sensory Issues/Concerns (strobe lights, camera flashes, loud noises, etc.):

Allergies: _____
(Please list any that apply: foods, animals, latex, makeup, plants or pollen, etc.)

Food Needs (food cut-up or pureed, gluten free, dairy free, etc.):

No: ☐ Yes: ☐ If yes, please explain: _____

Will Need Medication Administered During Event: Yes: ☐ No: ☐

**** Please note that the church, their staff and volunteers are not responsible for administering medication to guests during the Night to Shine event. If medication is required during the event, a parent or caretaker MUST be available to administer the medication.***

Will guest be dropped off and picked up by a parent/caretaker? Yes: ☐ No: ☐

Will guest be taking public transportation to and from event? Yes: ☐ No: ☐

Will guest be attending as a part of a group that will provide transportation?
Yes: ☐ No: ☐

Additional Notes/Concerns You Would Like Us to Be Aware Of

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____

Parent/Caretaker will be... Dropping Guest Off: ☐ Enjoying Respite Room: ☐

If enjoying Respite Room, how many? _____

**** The Respite Room is a private area where parents/caretakers of guests can spend the evening enjoying food, entertainment and rest while remaining onsite during the event. Note- parents and caretakers will not be allowed into the event space before the crowning ceremony unless necessary for guest safety.***

Care Provider Agency Information – If Applicable

Care Provider Agency: _____

(If attending as a part of a group, please include agency or company name)

Care Provider Agency Phone: _____

Agency Chaperone (if applicable): _____

(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency)

Additional Notes or Concerns: _____

**Remit form to: Hope Church, 1118 Franklin Turnpike Danville, VA,
nighttoshine@hope4today.net**