



Guest Registration Form 2021

Guest Information

First Name: _____ Last Name: _____

Age/DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ **Phone:** _____

***please note all further information and the link to the virtual event will be sent to the email address you provide*

Primary Contact Person during Virtual Event:

Contact Phone: _____

Location During Event (used for NTS parade route):

Same as above: Yes: No: If no, list location address:

Address: _____

City: _____ State: _____ Zip Code: _____

T-shirt size (only applies if you register by Jan. 1): _____

Health Concerns: _____

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

-----Sensory

Issues/Concerns

(strobe lights,

camera flashes, loud noises, etc.):

Allergies: _____

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

Do you have access to the internet?

No: Yes:

Do you have access to a computer or tablet?

No: Yes:

If no, would you be able to borrow a computer or tablet from a friend or family member? No: Yes:

Would you like the NTS parade to come to your location prior to the event? (*You must be located within 15 miles of the church location*)

No: Yes:

Fun Fact About You: _____

Is there anything we can be praying about for you? _____

Parent/Caretaker Information

Parent/Caretaker Name(s):



Parent/Caretaker Phone:

Care Provider Agency Information – If Applicable

Care Provider Agency: _____

Care Provider Agency Phone: _____

Agency Chaperone During Virtual Event (if applicable):

Additional Notes:

**Remit form to:
Attn: Kelsey Bolton
Hope Church
1118 Franklin Turnpike
Danville, VA 24540**

Email: kelsey@ourhopechurch.com

Fax: (434) 836-5092