



Guest Registration Form

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag: _____

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*): _____

Health Concerns: _____

Wheelchair/Accessibility Device Dependent: Yes: No:

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.*)

Food Needs (*food cut-up or pureed, gluten free, dairy free, nut 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 Email: _____

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

If enjoying Respite Room, please limit to two Parents or Caretakers.

Name 1: _____

Name 2: _____

** 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.*

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): _____

Chaperone Cell Phone: _____

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

Additional Notes or Concerns:

Remit form to:

**Phil Spears
South County Baptist Church
12995 Tesson Ferry Road; St. Louis, MO 63128
Email: phil@scbcweb.com**