



2019 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:

Emergency Contact Phone:

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, etc.):

No: Yes: If yes, please explain: _____

Will Need Medication Administered During Event: Yes: No:

**** Please note that the CrossPoint Church, our 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:

Parent/Caretaker Information (Please PRINT)

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.*

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: (Carrie Jones at carriejones1@independenceplaceofalabama.org)