



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):

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, 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.*

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:
Night to Shine Committee
First Baptist Church
125 South John Street
Goldsboro, NC 27530
919-735-2516***