



Guest Registration Form

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on name tag: _____

Age/DOB: _____ Gender (Circle) Female Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Facts about you: (Favorite sport/team, pet(s), hobby, music you like, etc.) _____

Name of emergency contact during event: _____

Emergency contact phone number: _____

Health concerns: _____

Wheelchair/Accessibility Device Dependent: (Circle) Yes No

Special Communication needs: (Circle) Yes No If yes, please explain: _____

Please list any allergies (foods, animals, latex, makeup, plants, pollen, etc.) _____

Food Needs (food cut-up, pureed, gluten free, etc.) (Circle) Yes No If yes, please explain: _____

Will need medication administered during event: (Circle) Yes No ****Please note that the church, their staff and volunteers are not responsible for administering medication during the Night to Shine event. If medication is required during the event, a parent or caretaker MUST be available to administer the medication.***

PLEASE COMPLETE BOTH SIDES OF THIS FORM. THANK YOU.

Will guest be dropped off and picked up by a parent/caretaker? (Circle) Yes No

Will guest be attending as part of a group that will provide transportation? (Circle) Yes No

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____ Email: _____

Parent/Caretaker will be... Dropping guest off: (Circle) Yes No Enjoying Respite Room: (Circle) Yes No

**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. Number of those enjoying Respite Room: _____*

Name of Care Provider Agency (if applicable): _____

Agency phone number: _____ Agency Chaperone: _____

(Note: Chaperone is not required to stay with guests unless required by care provider agency.)

Additional notes or concerns: _____

**If your guest(s) need special attire, please share that information above and we will contact you for additional information. We will do our best to assist.*

**Remit this form by Friday, January 18, 2019 to:
Wildare United Methodist Church
7211 N. Park Ave. Ext., Cortland, OH 44410 or
email: WildareUMC@NEOhio.TWCBC.com**