



## 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: \_\_\_\_\_

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 attending as a part of a group that will provide transportation?

Yes:  No:

**Additional Notes/Concerns You Would Like Us to Be Aware Of**

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**Parent/Caretaker Information**

Parent/Caretaker Name(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Caretaker Phone: \_\_\_\_\_

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):  
\_\_\_\_\_

Agency Chaperone Cell Phone: \_\_\_\_\_  
(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency. If Chaperone remains with guest, a Background Check will be required.)

Additional Notes or Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remit form to: Jennifer Jordan, [jennifer@fumcdemopolis.com](mailto:jennifer@fumcdemopolis.com) OR  
First United Methodist Church, 200 E Decatur St, Demopolis, AL 36732**