

# Guest Registration Form



## Guest Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name as you would like it to appear on nametag: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Female:  Male:

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

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 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:

**We would love to make your Night to Shine experience the best it can possibly be. If you are comfortable sharing, please answer any of the following optional items that apply in order to help us offer the best support we can.**

Health Concerns: \_\_\_\_\_

Mobility Needs: \_\_\_\_\_

Communication Needs: \_\_\_\_\_

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.):

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

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**Caretaker Information**

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

Caretaker Phone: \_\_\_\_\_

Caretaker will be... Dropping Guest Off: \_\_\_\_ Enjoying Respite Room: \_\_\_\_

Caretaker relationship to guest: \_\_\_\_\_

If enjoying Respite Room\*, please list Caretakers:

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

*\* The Respite Room is a private area where 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:

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*(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 current Background Check will be required.)*

Additional Notes or Concerns:

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