



First Baptist Church-Goldsboro 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: _____

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, 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 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, 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: (First Baptist Church Goldsboro

125 S. John Street, Goldsboro, NC 27530

919-735-2516

Attention: Donna Countryman-chairperson

Nts2023prom@gmail.com