



Guest Registration Form 2026

Friday, February 13th, at New College Institute from 6:00 p.m. – 9:00 p.m.

(This form MUST be RECEIVED by SMCC by 1/31/26)

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on the nametag:

DOB: _____ Gender: Female: ____ Male: ____

Address:

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About You: _____

Emergency Contact during the event (will be listed on the 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, its 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 the Guest be dropped off and picked up by the parent/caretaker? Yes: ____ No: ____

Will the Guest be taking public transportation to and from the event? Yes: ____ No: ____

Will the guest be attending as part of a group that provides transportation? Yes: ____ No: ____

Would the guest like to take a Limo Ride? Yes: ____ No: ____

Would the guest like to have their makeup done? Yes: ____ No: ____

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

Health Concerns: _____

Mobility Need: _____

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.):

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

Caretaker Information

Caretaker Name(s): _____

Caretaker Phone: _____

Caretaker will be... Dropping Guest Off: _____ Enjoying Respite Room: _____

If enjoying the Respite Room*, please list the Caretakers:

Name 1: _____

Name 2: _____

****The Respite Room is a private area where guests' caretakers can spend the evening enjoying food, entertainment, and rest while remaining on-site during the event.***

Would guest

Care Provider Agency Information - if Applicable

Care Provider Agency:

(If attending as a part of a group, please include the agency or company name)

Care Provider Agency Phone: _____

Agency Chaperone Cell Phone: _____

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

Additional Notes or Concerns:

Remit form to: (Stone Memorial Christian Church, office@stonemcc.comcastbiz.net or fax 276-647-2087)

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