



Hosted by Grace Point and Inclusion Works
February 9, 2024 | Questions: NTSinfo@mygracepoint.church | 541.200.2164

HONORED GUEST REGISTRATION FORM

Guest Information

First Name: _____ Last Name: _____

DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Are you a Self-Advocate filling this form out for yourself? Yes: No:

Parent/Caretaker or Self-Advocate email: _____

Parent/Caretaker or Self-Advocate phone: _____

Emergency Contact NAME during event (will be listed on guest's nametag):

Emergency Contact PHONE (will be listed on guest's nametag):

Is this the same person who will be providing transportation for you? Yes: No:

If not, please fill in the information below:

Name: _____ Phone: _____

Does the Honored Guest have any of the following:

Sensory Issues Yes: No:

Brief Description:

Issues with Loud Noises Yes: No:

Brief Description:

Camera Flash Sensitivities Yes: No:

Brief Description:

Allergies Yes: No:

Brief Description:

Other Health Concerns: Yes: No:

Brief Description: _____

Is the Honored Guest verbal? Yes: No:

If not, do they use a communication device? Yes: No:

**** Please note that the church, staff, and volunteers are not responsible for administering medication to guest during the Night to Shine event. If medication is required during the event, a parent or caretaker MUST be available to administer the medication and you will need to plan for this prior to the event.***

***** Anyone participating in 2024 Night to Shine MUST fill out a photo release form. These can be found on the next section.***

**Remit form to: Grace Point, email: NTSinfo@mygracepoint.church
213 S Fir St., Medford, OR 97501
541.200.2164**