

Guest Registration Form

February 8, 2019

Vern Burton Community Center, Port Angeles

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag:

Age/DOB: _____ Gender: Female: Male:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Fun Fact About You: _____

Emergency Contact during event: _____

Emergency Contact Phone: _____

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, etc.):

No: Yes: If yes, please explain: _____

Will Need Medication Administered During Event: Yes: No:

*** Please note that 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/caregiver? 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 or Concerns: _____

Parent/Caregiver/Agency Information

Parent/Caregiver Name(s): _____

Parent/Caregiver Phone: _____

Parent/Caregiver will be... Dropping Guest Off: Enjoying Respite Room:

Residential Agency Information

(If attending as staff from a residential agency, please include agency name)

Agency: _____ Phone _____

Staff Name(s) if applicable: _____

Note: It is not required for parents/caregivers or agency staff to stay onsite for guest(s) unless required by agency or if guest needs assistance with personal care needs such as toileting, eating or administering of medications.

****A Respite Room will be available for parents/caregivers or agency staff to spend the evening enjoying food, entertainment and rest while remaining onsite during the event. If you plan to stay on site and it is necessary for you to be with your guest in the ballroom please dress accordingly as this is a formal event.***

If enjoying Respite Room: (How many? _____)

Name: _____

Name: _____

Makeup, Hair & Shoe Shines:

Local hair and makeup stylists will be on site to help with your final touch ups.

Make-up for females may be touched up at the event: No Yes,

Do you have sensitivities or allergies to beauty supplies? Yes ___ No ___

If yes explain (e.g. allergies, preference) _____

We are hoping to have shoe shines available for the gentlemen.

Assistance with formal wear:

We have some formal wear available in limited sizes and styles. If you need assistance with appropriate clothing for the event someone from our clothing team will call you. Deadline for arranging for formal wear is January 11, 2019.

_____ Yes - I need help _____ No - I do not need help

Transportation:

You must provide your own transportation to and from the event.

If you will be using Paratransit to get to the event you must be aware that you will very likely **not** be able to schedule a ride home with them. Paratransit will not pick up after 7:00 pm – the event will not end until after 9:00.

Please send form to either one of these:

***Hillcrest Baptist Church
205 Black Diamond Rd
Port Angeles, WA 98363***

***Clallam Mosaic
301 Lopez Rm #4
Port Angeles, WA 98362***

Or send to clallamnts@gmail.com

If you have any questions please call Clallam Night To Shine – 360-775-5693