

Guest Registration Form

Fill out the Honored Guest form for Night to Shine 2023, our team will get back with you as soon as possible.

Full Name *

First Name

Last Name

Age as of 2/10/22

Gender: *

- Female
 Male

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

E-mail *

example@example.com

Phone Number *

Fun Fact About You:

Primary Contact Name: *

Primary Email: *

example@example.com

Primary Phone Number: *

Please enter a valid phone number.

Health Concerns: *If none, enter N/A. *

Special Communication Needs: *If none, enter N/A. *

Sensory Issues/Concerns (strobe lights, camera flashes, loud noises, etc.):*If none, enter N/A. *

Red Carpet Type: *

- Red Carpet with Paparazzi
- Red Carpet without Paparazzi for Sensory Sensitive Guest

Allergies (Please list any that apply: food, animals, latex, makeup, plants or pollen, etc.):

By checking the box, you confirm you will sign the media release form (at nighttoshinevictoria.com/guest). There will be photographers and videographers at this event! *

I confirm

By checking this box, I understand that group homes will arrive at 5:30 pm and individual Honored Guests will arrive between 6 - 6:30 pm. *

I confirm

Will you need prom attire? *

- By checking this box, you confirm you will need prom attire provided by Riverside Church.
- No sign up please

Girls Hair and Make Up: *

- I want to sign up for my hair and make up to be done. By checking this box, you understand that someone will be in contact with you to setup a time with you.
- No sign up please

Guys Hair: *

- I want to sign up for my hair to be cut. By checking this box, you understand that someone will be in contact with you to setup a time with you.
- No sign up please

Group Home Information

Group homes will arrive at 5:30 pm.

Is the Honored Guest a part of a group home? *

- Yes
- No

Group Home Staff Name:

Staff Phone Number:

(000) 000-0000

Please enter a valid phone number.

Group Home Address:

Parent/Caretaker Information

***There will be a Parent/Guardian Info Meeting (February 4,2023 from 1-2pm)

Parent/Caretaker Name(s): *

Parent/Caretaker Phone: *

Will you be joining other caretakers in the Respite room? (There will be a catered meal, door prizes, games, and 10 minute massages available). *

- Yes
 No

If so, how many family members will be joining you?

All honored guests will be checked out by Care Giver / Parent at the main entrance door. Please let us know if you are unable to get out of vehicle; we will walk guest out if needed.

- I'm unable to exit my vehicle.
 I will check out my Honored Guest.

Care Provider Agency information - If Applicable

Care Provider Agency:

Care Provider Agency Phone:

Agency Chaperone (if applicable):

Do you have additional questions or have a prayer request?

Submit Form