



Guest Registration

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: _____

Emergency Contact Phone: _____

Health Concerns: _____

Wheelchair: 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: food, latex, makeup, plant or pollen allergies, etc.)

Food Needs (food cut-up or pureed, gluten free, etc.):

No: Yes: If yes, please explain: _____

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____

Parent/Caretaker will be: Dropping Guest Off: Enjoying Respite Room:

If enjoying Respite Room, how many? _____

** 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 Chaperon (if applicable): _____

(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency)

Additional Notes or Concerns: _____

**Remit form to: Capital West Christian Church c/o Rick Yoder
1315 Fairgrounds Road, Jefferson City, Missouri 65109**

573-634-8335 Fax 573-634-8358

email: yoderrick@gmail.com