



Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on name tag:

Age/DOB: _____ Gender: Female: ____ Male: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Emergency Contact: _____

Emergency Contact Phone: _____

Health Concerns: _____

Wheelchair: Yes: ____ No: ____

Will Guest need a "Buddy"*? Yes: ____ No: ____ One will be provided.

*A Buddy will accompany each Guest for the entire evening

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, gluten free, etc.): No: ____ Yes: ____ If yes, please explain:

*Pureed meal service not provided

Parent/Caretaker Information

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone: _____

Parent/Caretaker Email: _____

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 some food and rest while remaining onsite during the event. It is important to let us know in order to ensure we have enough food and refreshments for you.*

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 Chaperone (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: Redemption Christian Church or Fax : 877-481-8629
 Attn: Christina Rayhill Email: christina@redemptionin.com
 1450 Energy Dr
 Jasper IN 47546