

“Superheroes..A Night to Fly” Registration Form

Last_____First_____MI_____

Nickname_____Birthdate_____

Street
Address_____

City_____Zip_____phone_____

Emergency contact_____phone_____

I require transportation to and from event (must be within city limits) _____

Physician’s name and
number_____

Please check mark all that apply

Hearing impaired__ asthma__ trach dependent__ feeding tube__

Memory impaired__ seizures__ high BP__ diabetic__

Sight impaired__ Respiratory issues__ walker/cane__

Mental health impaired__ wheelchair__ Light or noise sensitive__

Speech impaired or non-verbal__ Electrical dependent (please list electrical
devices)_____

Allergies_____

Please tell us any precautions we need to take including feeding requirements,
fall precautions,
etc. _____

Help Us Get to Know You!

Nickname_____ **Age**_____

Family_____

Pets_____

Favorite things_____

Favorite places_____

Favorite foods/snacks_____

Favorite color_____ **Favorite music**_____

How I communicate_____

What assistance I need_____

Preferred positioning_____

My fears and anxieties_____

How to tell when I'm upset_____

**How to calm me
down** _____

**How to tell when I'm
uncomfortable** _____

Size of t-shirt you will need!

Child's XS ___ **Child's Small**___ **Child's Medium**___
Child's LG___ **Child's XL**___

Adult Small___ **Adult Medium**___ **Adult LG**___

Adult XL_ **Adult XXL**___ **Adult XXXL**___

***Return this Registration Form by Sunday July 23rd to receive
your FREE t-shirt on the night of the event!**

Print and Mail or Hand Deliver to:

Mt Vernon Baptist Temple

817 Woodland Drive

Mt Vernon, Illinois 62864

By Fax: (618) 244-5726

By Email: timrey1@hotmail.com