



Greetings,

****Please read carefully as there are some changes this year.****

The Ocean View Church of Christ is so proud to once again be an official host church for the 2025 Night to Shine, sponsored by the Tim Tebow Foundation. Night to Shine is an unforgettable prom night experience, centered on God's love, for people with special needs, ages 14 and older. The event will take place at more than 500 churches around the world simultaneously on **February 7, 2025**.

You will walk the red carpet area right from the start at our main entrance to the brick building. You will be greeted by paparazzi. Once inside, the registration team will get your name tag and send you to meet your buddy. You and your buddy will be free to pick and choose from the different options available at your discretion. Some of the options are a limo ride, photo shoot, hair/make up, shoe shine, game room, dinner, and of course dancing. The evening will end with a special crowning ceremony for each of our special guests to be crowned king/queen of the prom.

Parents and chaperones this year you are invited to go to the **BIG FISH GRILL** at 30415 Cedar Neck Rd. Ocean View, DE for a buffet dinner. This will be limited to the **first 150 parent/caretakers as space is limited**. You will receive a wrist band when you go to the registration table at church with your guest, and then continue to BIG FISH. Only two wristbands per guest. Look for more details on the registration form. If you do register to attend and your plans change, please let us know ASAP, as I am sure we will have a waiting list. There will not be a meal at the church this year for parents/caretakers.

The evening will end with a special crowning ceremony where each of our special guests will be crowned king/queen of the prom. Parents/chaperones you may return to the church after your meal and be permitted to enter the building through the registration canopy doors only. You may wait in the auditorium until our guests join us for the crowing ceremony. We do ask that you PLEASE stay in the auditorium and NOT go to the gymnasium as we want to protect all of our guests and space is very limited.

If your son/daughter requires medication during the evening you will need to return to the building to administer the medication. Go to the gymnasium canopy and tell one of the security team members at the door the reason you are there. We will have a separate room set up for these circumstances and one of our medical staff will go get your son/daughter to meet you.

This year we are opening the event up to the **FIRST 90** participants. In order to register, we need you to fill out the enclosed information packet and return it to: Ocean View Church of Christ 55 West Avenue Ocean View, DE 19970.

Or you can register online by going to www.ccovde.org/night-to-shine

Once we receive your packet or online information, you will receive a call telling you that you have been registered. After the first 90 are received, we will put you on a waiting list for cancellations. So, since participation is limited, please fill out the forms and send them back as soon as possible.

If you have more questions you can contact me at (302) 539-7468 or you can go to our website www.ccovde.org. Anticipating a great night.

We look forward to seeing you Friday, February 7, 2025 from 6 PM- 9PM



Ethan Magee
Ocean View Church of Christ
ethan@ccovde.org



Guest Registration Form 2025

Guest Information

First Name: _____ Last Name: _____

Name as you would like it to appear on nametag:

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, dairy free, nut free, etc.):

No: Yes: If yes, please explain:

MEDICATION

Will Need Medication Administered During Event: Yes: No:

** Please note that the church, their staff and volunteers are not responsible for administering medication to guests during the Night to Shine event. If medication is required during the event, a parent or caretaker MUST be available to administer the medication.*

***Parents/Caretaker if your child needs medication during the event you are required to come to the gymnasium doors, where a security team member will escort you to the medical room. We will bring your child to the medical room where you may administer the medication.*

TRANSPORTATION

Will guest be dropped off and picked up by a parent/caretaker? 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/Concerns You Would Like Us to Be Aware Of

PARENT/CARETAKER INFORMATION (PLEASE READ OVER CAREFULLY)

***This year we are having parents/caretakers go to BIG FISH GRILL on Cedar Neck Rd. Ocean View, DE for a buffet dinner. Two parents/caretakers per guest only. This will be limited to the first 150 parents/caretakers as the space is limited. Please mark the appropriate boxes below to allow us to know if you plan to attend that meal or not. If your plans change we would appreciate you letting us know, so that we can allow other parents/caretakers the opportunity to attend if they wish. There will not be a meal at the church this year for parents/caretakers.**

Parent/Caretaker Name(s): _____

Parent/Caretaker Phone #: _____

Parent/Caretaker will be... Dropping Guest Off: Enjoying a meal at BIG FISH GRILL

If enjoying the meal at BIG FISH please limit to two Parents or Caretakers.

Name 1: _____

Name 2: _____

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: _____

Care Provider Chaperone (if applicable): _____

Agency Chaperone Cell Phone: _____

(Note: Chaperone is not required to stay with guest(s) unless required by Care Provider Agency. If Chaperone remains with guest, a Background Check will be required.)

Additional Notes or Concerns: _____

Remit form to: (Ocean View Church of Christ 55 West Avenue, Ocean View, DE 19970)

Night to Shine Media & Liability Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Ocean View Church of Christ, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc. (TTF) a Georgia nonprofit corporation headquartered in Florida and Ocean View Church of Christ (OVCC), a Delaware nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, the actions, physical likeness, biographical information, and/or voice of me and/or any person of whom I am the parent or legal guardian, including minor children (collectively referred to as the Participants). Additionally, I hereby grant to TTF and OVCC, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and OVCC, and to any benefits inuring to TTF and OVCC as a result of its use of any of the foregoing recordings. Among other things, TTF and OVCC may, but are not required to copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and OVCC, for the advancement of TTF and OVCC's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and OVCC and bind the Participants and their heirs, successor, and assigns. I, on behalf of all Participants, hereby release and discharge and agree to hold harmless TTF and OVCC, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recording or use of the recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provision. I am of full age and have the right to contract in my own name and for each participant.

AGREED TO AND ACCEPTED:

Name of Participant: _____

Date: _____

Signature of Participant (if over age 18) _____

Signature of Parent/Caretaker (if participant is under age 18): _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____