



SPECIAL NIGHT FOR SPECIAL KIDS

Registration Form

Family Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Check Child with Special Needs _____ Male _____ Female

Assistance Needed _____ Yes _____ No

Wheelchair _____ Yes _____ No

Number of other children attending _____ Adults _____

Have you previously attended Special Night? _____ Yes _____ No

How did you hear about Special Night for Special Kids?

___ Website

___ Newspaper

___ Friend/Family

___ School

___ Other

Complete this form and return it to Village Hall or Mail to:

Village of South Elgin/Special Events Committee

10 N Water Street

South Elgin, IL 60177

For additional information, Please Call the hotline at 1-847-774-1151