

SPECIAL NIGHT FOR SPECIAL KIDS
Registration form

Family Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ e-mail _____

Check child with special needs _____ Boy _____ Girl _____
Assistance needed? _____ yes _____ no _____
Wheelchair _____ yes _____ no _____
Number of other children attending _____ Adults attending _____

Have you previously attended Special Night? _____ yes _____ no _____
Number of year's attended _____.

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 North Water Street
South Elgin, Illinois 60177

For additional information, please call the hotline at 1-847-774-1151