



Greetings,

The Ocean View Church of Christ is so proud to say that this is our **10 year anniversary** for Night to Shine. 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 on **Friday, February 13, 2026.**

You will walk the red carpet area at our main entrance to the brick building and be greeted by paparazzi. Once inside, the registration team will get your name tag and send you to meet your buddy. Then you and your buddy will be free to pick and choose from the different activities available at your discretion. The activities available to choose from are **limo rides, photo shoot, karaoke, hair/make up, shoe shine, game room, dessert bar, 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.

We ask that guests do not arrive before 5:30 as they will miss the red carpet experience, paparazzi, and your buddy may not be available until then. If you need to come before 5:30, we ask that you wait patiently in your vehicle. Thank you.

Parents and chaperones this year you are invited to go to the **HOCKER'S FAMILY RESTAURANT** at 30244 Cedar Neck Rd. Ocean View, DE for a buffet dinner. There will not be a meal at the church this year for parents/caretakers. You will receive a wrist band when you go to the registration table at church with your guest and then continue to the restaurant. 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. If you decide not to attend the meal served at Hocker's Family Restaurant you still need to get a different color wrist band to return to the building for the crowning ceremony.

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 by showing your wristband. We do ask that you PLEASE not wander around the building as we want to protect all of our guests safety 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.

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 in enclosed self-addressed, postage paid envelope.

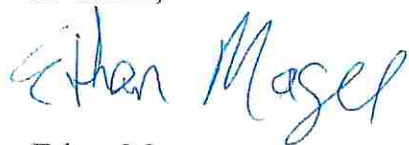
Or you can also register online by going to www.ccovde.org/night-to-shine.

Once we receive your packet or online information, you will receive an email or phone call telling you that you have been registered. Please be patient with us as we will get back to you as soon as possible. We will not be returning calls on the weekend.

If you have more questions you can contact me at (302) 539-7468, email ovccnts@gmail.com or you can go to our website www.ccovde.org.

We look forward to celebrating year 10 and will see you Friday, February 13, 2026 from 6 PM-9PM

In Christ,

A handwritten signature in blue ink that reads "Ethan Magee". The signature is written in a cursive, flowing style.

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



Guest Registration Form 2026

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 you 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 that room where you may do so.**

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

***This year we are having parents/caretakers go to Hocker's Family Restaurant 30244 Cedar Neck Rd. Ocean View, DE for a buffet dinner. Two parents/caretakers per guest only. 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. 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 Hocker's Family Restaurant 1 or 2 If enjoying the meal at Hocker's 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: _____

Agency 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: _____

Signature of Guardian(if participant is
underage18): _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____