

CHAPERONE GUIDELINES

- Chaperone must be 18 years of age.
- Your group should have at least one chaperone per room.
- Guys should sign-in upon arrival at the hotel.
- Chaperones should be aware of where their guys are at all times and verify that they are attending the appropriate split sessions.
- Chaperones must administer all requirements of the conduct code with their group and are ultimately responsible for compliance.

CONDUCT CODE

- A CHAPERONE OR PASTOR MUST REVIEW THE FOLLOWING REQUIREMENTS WITH THEIR GUY(S) PRIOR TO THE EVENT AND SIGN THE AFFIRMATION STATEMENT ON THE REGISTRATION FORM BEFORE THE REGISTRATION CAN BE ACCEPTED.
- Sleepwear is only worn inside the hotel room. It is not permitted in any public area of the hotel including: the breakfast room, lobby, elevators and hallways.
- The hotel property, staff and other guests are to be respected.
- Honor the courtesy policy of quiet hours from 11PM-9AM.



SPECIAL SPEAKER
RYAN SHEPHARD

Weekend Schedule

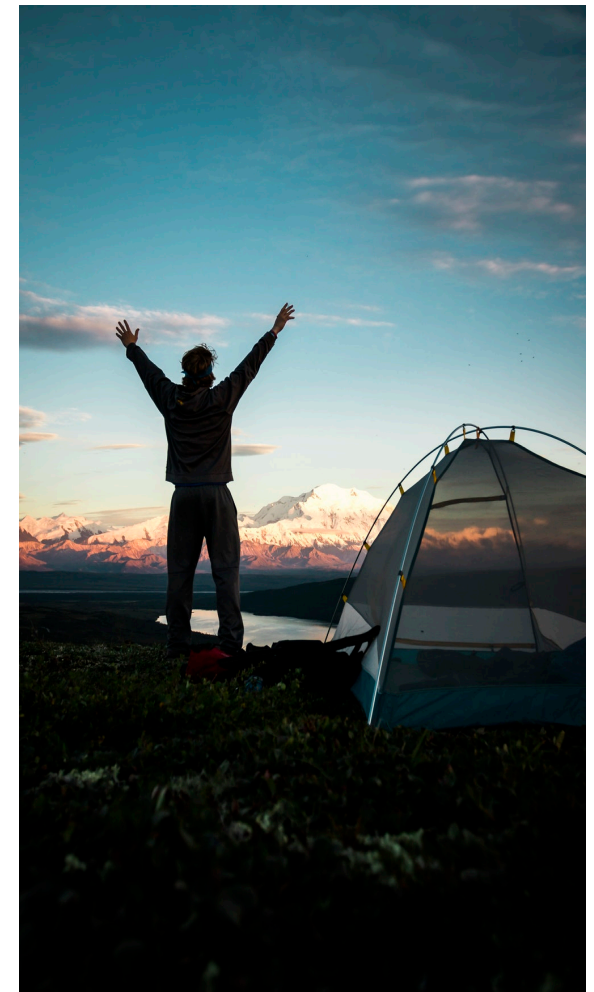
FRIDAY, SEPT. 20th

- 5-6PM.....Registration
- 6-7PM.....Provided Supper
- 7PM.....Service w/Ryan Shephard
- 9:30-11:30PM.... Swimming at Aquatic Centre

SATURDAY, SEPT. 21st

(all events held at Mission Point)

- 9-10:30AM..... Service
- 10:30-1PM..... Games and activities
- 1-2PM..... Provided Lunch



SAMUEL SUMMIT 2019

SEPT. 20-21, 2019

REGISTRATION FORM

- REGISTRATIONS ARE NON-REFUNDABLE, BUT THEY ARE TRANSFERABLE
- Registration deadline is Sept. 13th, 2019
- Registration fees:
 - \$30/young man or chaperone

Name

City/Town

Province/State

Email

Age

Birthdate

Chaperones Phone (required)

Chaperones Signature (required)

Affirmation statement: This section is to be completed by a chaperone or pastor.

My signature affirms that I have read the conduct code requirements to this registrant who has agreed to comply without exception.

LOCATION

Mission Point
130 Mark Drive
Saint John, NB
506-633-0010
Pastor Brent Carter
missionpoint.ca

HOTEL

Hampton Inn & Suites
51 Fashion Drive
Saint John, NB
506-657-4600
Room Rate \$109

CONTACT US

506-633-0010
info@missionpoint.ca

MONEY ORDER OR CHEQUES
PAYABLE TO:
Mission Point

LIABILITY WAVER

Parents or guardian, please read and sign your affirmation of the following liability waver.

I believe my child to be medically fit to undertake all normal Samuel summit activities.

In my absence, I hereby give permission to the SAMUEL SUMMIT DIRECTOR to authorize such medical treatment for my child as is deemed necessary by the authorized hospital emergency room personal or a licensed medical practitioner.

If hotel property is damaged by my child, I am financially responsible.

I agree to permit the reasonable use of media (including photos and videos) of my child in promotion of Samuel Summit.

While every precaution shall be taken to ensure the good welfare and protection of your child, SAMUEL SUMMIT, the FIRST UNITED PENTECOSTAL CHURCH (Saint John) acting as Mission Point, and the SAMUEL SUMMIT STAFF and VOLUNTEERS are hereby released from any and all liability in the event of an accident, sickness or misfortune that may occur to your child.

Signature of parent or guardian

Date

DETACH & MAIL TO:
Mission Point
PO Box 145, Saint John, NB
E2L 3X8