

# Toronto 2017

## General Information

**Dates:** July 14-23, 2017

**Cost: \$799**

Covers: Travel, activities, transit pass, food, lodging

Not included: Spending money, travel meals (5)

Payment Schedule:

March 1st \$194 (non-refundable deposit)

April 1st \$222

May 1st \$201

June 1st \$182

**Participants Requirements:** Completed 9th grade  
Have a passport  
Have a willingness to help and be present  
Be flexible with plans and unexpected changes  
Have a positive posture

**Money:** Spending money and meals during travel are on you.  
Everyone will be given \$140.00 (Canadian) for meals during the week.

**Lodging:** Corps 614 Salvation Army  
77 River Street, 2nd Floor  
Toronto, ON M5A 3P1  
1 (416) 646-2315

We will be sleeping on the floor. Bring your own sleeping bag, mat, and/or air mattress.

There will be ONE shower available for our use at the Corps 614.

**Travel:** Village Tours Charter Bus  
Depart OKC: Friday July 14th at 8am (load the bus at 7:30am)  
Arrive in Toronto: Saturday July 15th at 9am

Depart Toronto: Saturday July 22nd at 8am

Arrive in OKC: Sunday July 23rd at 9am

While in Toronto, we will travel by public transit. This includes by bus, subway, or street car. Your transit pass is included. **A good pair of shoes is essential.**

**Dress:** Casual clothes  
Backpack  
Light jacket  
Rain poncho  
Swim Suit (must be one piece)

Comfortable clothes, long pants or dress for Sunday service.  
No short shorts, string or tank tops.

**Weather:** Warm in the daytime and cool at night. Rain is always a possibility.

**Passport:** A passport book or card is required and can be obtained for \$100 (16 & older) or \$85 (under 16) at a couple of area locations.

Reno & Meridian Post Office - 4901 W. Reno  
Center City Post office - 305 NW 5th Street

**Ministry:** Corp 614 Salvation Army: Sunday morning worship  
Evening Street Ministry  
Regent Park Housing Authority  
Community  
Family & children's ministry  
Food ministry  
Human Trafficking ministry

Toronto City Mission: Toronto area Sonshine day camps for kids

**Pastor Mike's Cell:** (405) 401-8953

**Pastor Zach's Cell:** (913) 744-1313



To whom it may concern:

I, the parent or guardian of

\_\_\_\_\_ (minor) hereby give my  
permission to Michael D. Laughlin and/or Zachary R. Lucero to  
take my child out of the United States of America and into  
Toronto, Ontario, Canada from July 14 - 23, 2017.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

(Notary Seal)

# 2017 Activity & Legal Release

Legal Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Student Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Name 1: \_\_\_\_\_

Parent Name 2: \_\_\_\_\_

Parent 1 Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent 2 Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent Address: \_\_\_\_\_

(if different from student address) \_\_\_\_\_

City State Zip

Person(s) to notify in case of emergency: \_\_\_\_\_

Pertinent Medical Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy (ID) number: \_\_\_\_\_

Insurance Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

I understand that safety, community and high moral standards are crucial to our self-understanding as the people of God and to the success of our ministries. I also understand my responsibility to myself, to others, to my church and to our God as a member of or participant in this community of faith. As a participant in this activity, I voluntarily submit myself to the authority of my pastors and adult staff. I agree that I will strive to conduct myself in a way that obeys the law, conforms to the rules governing this activity and honors God. And in the spirit of community, I give the youth pastors or an adult chosen by the youth pastors permission to search my belongings at any time he (she) deems necessary. If any banned substance or object (pornography, fireworks, weapons, illicit drugs or drug paraphernalia, tobacco products or anything determined to be detrimental to the physical, mental or spiritual health of the individual) is found, I understand that following the youth pastors' conversation with me and my parent(s) or guardian(s), I will be sent home at my parent'(s) or guardian'(s) expense. If I refuse to allow the search, I will be sent home at my parent'(s) or guardian'(s) expense.

In case of emergency where medical treatment is required, I hereby grant permission to the licensed physician selected by a church staff member or adult sponsor to hospitalize, secure treatment for, to order injections, anesthesia, and/or surgery, or to render any other medical attention that the physician deems necessary and/or prudent, for the teen whose name is listed above. I understand that every attempt will be made to notify me (us) immediately concerning such an

\_\_\_\_\_  
Signature of parent or guardian (if under 18) Date

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Signature of Notary Public Date

(Notary Seal)