



WE ASK THAT ALL INDEPENDENTS ATTENDING RHMUN 2026 FILL OUT THIS FORM AND PROVIDE THE CONFERENCE WITH EITHER A DIGITAL OR PHYSICAL COPY

RHMUN 2026 – Richmond Hill Model UN 2026, 25 April 2026

This completed Guest Application Form must be submitted to a Principal or Vice-Principal for approval. Once approved, delegates will be able to receive their committee assignments.

Please leave Part D empty. If you face difficulties getting your Principal/Vice Principal's signature and recommendation, feel free to leave the signature box and checkboxes in Part C empty. If you have any inquiries, please email reg.rhmun@gmail.com.

PART A: INDEPENDENT DELEGATE INFORMATION			
Name:		Age:	
Address:		Cell Number:	

Independent Delegates must follow the rules and regulations outlined in the Safe, Caring and Supportive Schools policy, which can be found at www.yrdsb.ca and the RHHS School Student Code of Conduct and policies found on the school website. Failure to do so may result in any of the following: removal from the event; parent/guardian contact; referral to your school administration; police involvement.

I agree to:

- ✓ Richmond Hill High School administration contacting my school/parents/guardians/reference/workplace;
- ✓ Provide proof of identity with official photo ID (student ID card, driver's license, etc.);
- ✓ Respect all those in attendance, and follow the direction of supervisors;
- ✓ Not be under the influence or in possession of drugs and/or alcohol;
- ✓ Display the contents of my bag/purse/jacket/personal belongings as a condition of entry;
- ✓ The confiscation of any inappropriate items as identified by supervisors;
- ✓ Leave the event without compensation, if either I am asked to leave or has to leave for any reason;
- ✓ Make arrangements to be dropped off and picked up at the event!

DELEGATE ACKNOWLEDGEMENT			
I have read, understood and agree to abide by all items addressed on this form.			
Delegate Name: _____		Delegate Signature: _____	Date: _____
PARENT/GUARDIAN INFORMATION (if guest is under 18)			
Name:		Signature:	
Cell Number:		Alternate Emergency Contact Cell Number:	
Email:			

PART C: TO BE COMPLETED BY ADMINISTRATION MEMBER AT DELEGATE'S SCHOOL			
School Name:		School Phone Number:	
Principal/Vice Principal Name:		Principal/Vice Principal Signature:	
<input type="checkbox"/> This guest is recommended to attend RHMUN 2026 <input type="checkbox"/> This guest is NOT recommended to attend RHMUN 2026			

PART D: APPROVAL (To be completed by RHHS Administration)			
Approval to attend RHMUN 2026: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Administrator:		Date:	
Additional Notes:		Form Returned to Student (Date):	