

# FIREBRAND TRIP INFORMATION (KEEP THIS PAGE)

DELMARVA EVANGELISTIC CHURCH  
FIREBRAND CONFERENCE JULY 9 - 12, 2026

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## **Cost: \$20 Deposit**

**Leaving: Thursday, July 9th** - Please arrive no later than **3:45pm**. We will leave by 4:30pm.

**Returning: Sunday, July 12th** - sometime in the afternoon. We will call and keep in contact with parents as we travel.

## **Spending Money: \$20 - \$30 for meals + extra for snacks/t-shirt/books**

We will stop for dinner and students are welcome to bring snacks for the road. We are planning to stop for lunch on the way home. All other meals will be provided by D.E.C. There will also be snacks and refreshments as well as t-shirts and books at the conference. It is not necessary to send extra money for this, but may be something you wish to send with your child.

## **Accommodations: We are camping!**

We will be camping at Swallow Falls State Park - the same campground we have stayed at for the past two years. The weather is beautiful and even though it's July, it gets chilly at night! If you have a tent, you are welcome to bring it, but D.E.C. has tents available if needed. Each person will need to bring their own sleeping bag. Please see attached list of what to bring on the back of this page.

**Please return forms and deposit ASAP to reserve your spot.**

**Remaining money due by 6/28/25.**

Unless other arrangements have been made, all forms and money must be turned in by the above date. As always if there is a financial need please let Pastor Jason or Terri know and we will assist as much as possible. Attached is a Supply List, Medical Release/Permission Slip, and Allergy & Medication Form.

## **Questions? Contact:**

**Jason Goslee - 443.944.4369    Jon Watrous - 203.906.5082**  
**Terri Goslee - 410.422.9902    Ana Watrous - 203.571.8957**

## WHAT TO BRING!

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### Necessary Items

- Sleeping Bag
- Pillow
- Comfortable Shoes
- Pajamas
- Change of Clothes (3-4)
- Youth Shirt (if you don't have one, you can purchase one for \$25)
- Jacket/Hoodie
- Plastic Bag (for dirty clothes)
- Toiletries (toothbrush, soap, shampoo, deodorant, etc.)
- Towel & Wash Cloth
- Shoes/sandals to wear in shower
- Bible
- Notebook/Journal
- Pen
- Reusable Water Bottle

### Optional Items

- Backpack/Shoulder Bag (to carry Bible, Notebook & pen)
- Rain Poncho
- Flashlight
- Extra Batteries
- Tent
- Modest Swim Suit
- Water Shoes (the river bed is very rocky)

WHILE SNACKS FOR THE ROAD TRIP ARE PERMITTED, PLEASE **DO NOT** BRING ANY OTHER SNACKS TO KEEP AT THE CAMPSITE AS THIS CAN ATTRACT UNWANTED GUESTS.



**STUDENT INFORMATION (PLEASE RETURN WITH PERMISSION SLIP!)**

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**Student's Name:** \_\_\_\_\_ **Grade (in Sept.):** \_\_\_\_\_

**Please take some time to think and answer the questions below. These will be shared with a few people who will commit to praying for you during Firebrand. They agree not to share your personal information and to only use the information you provide to pray for you during the duration of the conference.**

**What are you most excited about for this conference, and why?**

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**What is one thing you're hoping God speaks to you about during this time?**

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**Is there anything specific you're praying will change in your life because of this conference?**

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**Where do you most need God to show up for you right now?**

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**Is there anything else you would like to share with the person who will be praying for you during the Firebrand Conference?**

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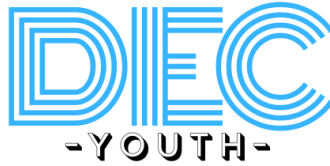
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**DEC YOUTH PERMISSION SLIP**  
**PLEASE RETURN BY MAY 31, 2026**  
DELMARVA EVANGELISTIC CHURCH  
FIREBRAND CONFERENCE JULY 9 - 12, 2026

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**Student's Name:** \_\_\_\_\_ **Date of Birth:** / /

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Parent Cell:** \_\_\_\_\_

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I hereby authorize \_\_\_\_\_ (my child or ward) to attend this trip. I understand that adequate preparations for the safety of my child or ward have been taken. In the event of any accidents, I will not hold the local church or its leaders, or the leaders of the Firebrand conference responsible. I also consent to use of my child's picture on the D.E.C. Youth, Young Adults, and church website and social media pages during this trip.

I understand that all cell phones, tables, video game systems, and personal devices will be collected upon arrival at Swallow Falls State Park and kept by the youth leaders in a secure place. In the event any student wishes to contact their parent, they can do so by notifying a leader who will give them access to their cell phone. In the event any parent would like to contact their child, they can contact a youth leader (numbers listed below) and request to speak to their child. Permission will be granted at the earliest convenience of the group. Any electronic devices found during the event will be removed at that time and kept locked in a secure place.

Jason Goslee - 443.944.4369

Jon Watrous - 203.906.5082

Terri Goslee - 410.422.9902

Ana Watrous - 203.571.8957

**Date:** \_\_\_\_\_ **Parent Signature::** \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

This form must be signed by parent or guardian and accompany the child to the event. The purpose of this form is to obtain parents/guardian to authorize the provision of emergency treatment for minor who may become ill or injured at an event. By completing this form you can authorize such treatment.

I, \_\_\_\_\_ (Parent or Guardian) residing in  
\_\_\_\_\_(City), \_\_\_\_\_ (State), the  
\_\_\_\_\_(Father, Mother, or Guardian) of  
\_\_\_\_\_(name of child) a minor, who is attending  
the above event, do hereby give my consent, for any licensed physicians, dentists, or  
emergency personnel to administer treatment deemed necessary.

Emergency Contact : Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Secondary Contact: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Family Physicians Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

## ALLERGY/MEDICATION INFORMATION

PLEASE PRINT CLEARLY

Is the child in good health? [  ] Yes [  ] No Date of last Tetanus shot:     /     /

List any food or medication allergies: \_\_\_\_\_ (use back if necessary)

List any environmental allergies: \_\_\_\_\_

List any physical impairments: \_\_\_\_\_

All medications taken by your child must be given to Jason or Terri Goslee in a weather-proof container clearly marked with your child's name (a gallon size plastic baggie works fine). Specify any medications that must be administered, the dose, and when it is to be given to your child:

	Name of Medication	Dose	When to take
1			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
2			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
3			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
4			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
5			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
6			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
7			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
8			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
9			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
10			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
11			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
12			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
13			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
14			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
15			<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime

### YOUTH'S MEDICAL HISTORY

**Is there anything important that we should know about your child?**

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**List any special instructions needed to properly care for your child:**

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**Date:** \_\_\_\_\_ **Parent Signature::** \_\_\_\_\_