

# FIREBRAND TRIP INFORMATION (KEEP THIS PAGE)

DELMARVA EVANGELISTIC CHURCH  
FIREBRAND CONFERENCE JULY 12 - 14, 2024

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**Leaving:** Friday, July 12th - Please arrive no later than 6am. We will leave by 6:30am.

**Returning:** Sunday, July 14th - sometime in the afternoon. We will call keep in contact with parents as we travel.

**Cost:** \$20 registration fee (per person)

*Please put your registration fee in an envelope marked with your child's name and "Firebrand Registration". You can drop this envelope into the offering boxes in the lobby. Please fill out and turn in your permission slip to Pastor Jason Goslee or Terri Goslee. Registration fee and permission slips are due by Sunday, June 30th.*

**Spending Money:** \$20 - \$30 for meals + extra for snacks

We will stop for lunch on our way up Friday as well as on our way back Sunday. Each child will need extra money for those stops. All other meals will be provided by D.E.C. There may also be snacks and refreshments as well as t-shirts. 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 in Oakland, MD. If you have a tent, you are welcome to bring it, but D.E.C. does have 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.

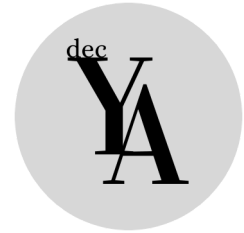
**We are very excited to take a group to this amazing event! Here's a little bit of information about Firebrand from their website:**

"What started out as a conference for high school and college age students has become a "Revival Movement." To not be presumptuous, every year for the past 15 years, when we finish Firebrand, we pray and ask the Lord if we should continue. Again in 2024, we believe more than ever we need to continue to have Firebrand. It is apparent that this will be the generation that ushers in revival. Our job is to win them and equip them to fulfill their call. One of the best reports we hear back is "lasting change," - the fire didn't go out when the groups went home. Those groups taking back what they received to their families, schools, youth groups, and churches. People have been: born again, filled with the Holy Spirit, received their calling, found freedom from addiction, left abusive and immoral relationships and the list goes on and on. Many in this generation may not look like it, but they are the revival generation! God is going to shake us in the best way; to shake the world around us. It's time to do what they did in the book of Acts and turn the world upside down for the Kingdom of God!"

**Questions? Contact: Pastor Jason: 443.944.4369 or Terri Goslee 410.422.9902**

**WHAT TO BRING!**  
**DELMARVA EVANGELISTIC CHURCH**  
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**Necessary Items**

- Sleeping Bag
- Pillow
- Comfortable Shoes
- Pajamas
- Change of Clothes (2-3)
- Youth or Young Adult Group Shirt
- 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

**Optional Items**

- Backpack/Shoulder Bag (to carry Bible, Notebook & pen)
  - Rain Poncho
  - Flashlight
  - Extra Batteries
  - Tent
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# DEC YOUTH PERMISSION SLIP PLEASE RETURN!!!

DELMARVA EVANGELISTIC CHURCH  
FIREBRAND CONFERENCE JULY 12 - 14, 2024



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

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

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

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.

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.

(continued on next page)

**EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION**  
(continued)

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			[ ] Breakfast [ ] Dinner [ ] Bedtime
2			[ ] Breakfast [ ] Dinner [ ] Bedtime
3			[ ] Breakfast [ ] Dinner [ ] Bedtime
4			[ ] Breakfast [ ] Dinner [ ] Bedtime
5			[ ] Breakfast [ ] Dinner [ ] Bedtime
6			[ ] Breakfast [ ] Dinner [ ] Bedtime
7			[ ] Breakfast [ ] Dinner [ ] Bedtime
8			[ ] Breakfast [ ] Dinner [ ] Bedtime
9			[ ] Breakfast [ ] Dinner [ ] Bedtime
10			[ ] Breakfast [ ] Dinner [ ] Bedtime
11			[ ] Breakfast [ ] Dinner [ ] Bedtime
12			[ ] Breakfast [ ] Dinner [ ] Bedtime
13			[ ] Breakfast [ ] Dinner [ ] Bedtime
14			[ ] Breakfast [ ] Dinner [ ] Bedtime
15			[ ] Breakfast [ ] Dinner [ ] Bedtime

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## 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: \_\_\_\_\_

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