

FIREBRAND TRIP INFORMATION (KEEP THIS PAGE)

DELMARVA EVANGELISTIC CHURCH
FIREBRAND CONFERENCE JULY 9 - 12, 2026



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.

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

PLEASE EAT BEFORE YOU ARRIVE THURSDAY!!! We will stop for snacks 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 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 - 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.

Background Checks: ALL ADULTS MUST HAVE A BACKGROUND CHECK ON FILE!

It is the policy of DEC that anyone 18 years and over must have a background check done before taking any trip where a minor may be present. Please include your email address and relative information on the slip you return AND complete the email you receive so a background check can be performed.

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: Pastor Jason: 443.944.4369 or Terri Goslee 410.422.9902

WHAT TO BRING!



Necessary Items

- Sleeping Bag
- Pillow
- Comfortable Shoes
- Pajamas
- Change of Clothes (3-4)
- 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
- 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.



YOUNG ADULT INFORMATION (PLEASE RETURN WITH MEDICAL FORMS!)

Name: _____

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?

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

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

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

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

YOUNG ADULT MEDICAL INFORMATION
PLEASE RETURN BY MAY 31, 2026
DELMARVA EVANGELISTIC CHURCH
FIREBRAND CONFERENCE JULY 9 - 12, 2026



Full Name: _____ Cell: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION
(continued)

Emergency Contact : Name _____ Phone (_____) _____

Secondary Contact: Name _____ Phone (_____) _____

Family Physicians Name _____ Phone(_____) _____

ALLERGY/MEDICATION INFORMATION
PLEASE PRINT CLEARLY

Are you 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 must be kept safe and put away at all times. You acknowledge that you may not share any medications (prescription or over the counter) with any youth at any time.