



Delaware Volunteer Firefighter's Association

"Serving Delaware's First Responders Since 1921"

Delaware State Fire Police Association

Conference Dinner Meeting, Hyatt Hotelg Ballroom, Dewey Beach

9/23/2025 - Social @ 6:00 PM -- Dinner @ 7:00 PM

Fire Company:

Six (6) tickets will be issued to each company, which may be used by Fire Police members ONLY. There will be a NO-SHOW policy in affect for ALL Conference events. If you register and fail to attend, your Company will be billed accordingly. If you bring your spouse or guest, a charge of \$95.00 must be submitted with the attached registration form. Checks for guests and spouses must be made payable to the DVFA. There is no charge for Past Presidents of the State Fire Police Association, but there is a \$95.00 charge for their spouse or guest.

FIRE POLICE ATTENDING THE DINNER

(6 ONLY, per Company) - Type Name(s) Below

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If you have additional Fire Police wishing to attend, please list their names below or on the back of this form. Tickets may be issued to them as they become available, from companies not using their six (6).

List any Fire Police Past Presidents attending. There is a \$95.00 charge for their spouse or guest.

Enter All Card Information or make check payable to DVFA Conference

Card Information:

| | | | |
|----------------|----------------------|------------|----------------------|
| Name on Card: | <input type="text"/> | Card Type: | <input type="text"/> |
| Card Number: | <input type="text"/> | | |
| Expiration: | CVV: | Zip Code: | <input type="text"/> |
| Email Address: | Phone Number: | Date: | <input type="text"/> |

*** All checks shall be submitted to DVFA Treasurer @ the following:**

John T. Wright III

john.wright@frankfordfire.com

P.O. Box 99 Frankford, DE 19945

| | | | | | |
|---------------|----------------------|-----------------|----------------------|----------------|----------------------|
| Check number: | <input type="text"/> | Check amount: | <input type="text"/> | Date: | <input type="text"/> |
| Contact name: | <input type="text"/> | Contact number: | <input type="text"/> | Email address: | <input type="text"/> |

Submit no later than July 15th

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|---------------|----------------------|-------------------|----------------------|------|----------------------|
| Submitted By: | <input type="text"/> | Signature (typed) | <input type="text"/> | Date | <input type="text"/> |
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Once complete & signed email to:
mharrischief138@gmail.com & ch1436@aol.com