



Republic of the Philippines
Department of Education
Region VII, Central Visayas
TAGBILARAN CITY SCHOOLS DIVISION
City of Tagbilaran
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August 30, 2016

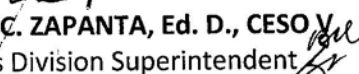
DIVISION MEMORANDUM

No. 447, s. 2016

PARTICIPATION TO THE 7TH NATIONAL SCOUT VENTURE

To : School Principals/Heads/OICs (Public and Private), Outpit Advisors, Senior Scouts
All Others Concerned

1. Enclosed is a Council Memorandum No. 20, s. 2016 dated August 30, 2016 announcing the council's participation to the National Scout Venture of the Boy Scouts of the Philippines on September 25-30, 2016 at BSP Camp, Danao, Malapoc Norte, Maasin City, Southern Leyte.
2. The Venture aims to provide opportunities for Senior Scouts to practice and enhance their physical, social, mental, emotional and spiritual potentials. Discover and act their strengths through challenging, adventurous experimental learning activities.
3. Qualified participants will be Senior Scouts of ages 13-17 years old who are currently registered, physically fit as certified by a physician, with leadership potentials, sufficient camping experience with corresponding parent's consent. Participating adult leaders should also be currently registered, physically fit as certified by a physician and with good moral character. All participants must be equipped with camping gears.
4. Registration fee for each participant will be Four Thousand Pesos (Php4,000.00) to cover the cost of transportation, meals/snacks and souvenirs chargeable to the MOOE or to any other available school/local funds. A non-refundable but transferrable Reservation Deposit of One Thousand Pesos must be paid to the council on or before August 31, 2016.
5. For more details, see attached memorandum and application form.
6. For information and widest dissemination.


VIRGINIA C. ZAPANTA, Ed. D., CESO V
Schools Division Superintendent




August 17, 2016


COUNCIL MEMORANDUM
No. 20 s. 2016


TO : All District/Area Chairmen, Municipal Scouting Committee Officials, District Commissioners/Deputy District Commissioners, District Field Commissioners, School Principals/Heads/OICs (Public and Private), Outfit Advisers, PTA Officials/members, SK Chairmen and all Senior Scouts.

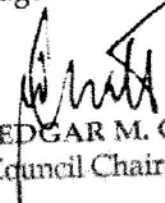
SUBJECT : PARTICIPATION TO THE 7TH NATIONAL SCOUT VENTURE

1. Announcing the council's participation to the National Scout Venture of the Boy Scouts of the Philippines on September 25-30, 2016 at BSP Camp, Danao, Malapoc Norte, Maasin City, Southern Leyte.
2. The VENTURE aims to provide opportunities for Senior Scouts to practice and enhance their physical, social, mental, emotional and spiritual potentials. Discover and act upon their strengths through challenging, adventurous experimental learning activities.
3. Qualified participants will be Senior Scouts of ages 13-17 years old who are currently registered, physically fit as certified by a physician, with leadership potentials, sufficient camping experience with corresponding parent's consent. Participating adult leaders should also be currently registered, physically fit as certified by a physician and with good moral character. All participants must be equipped with camping gears.
4. Registration fee for each participant will be Four Thousand Pesos (P4,000.00) to cover the cost of transportation, meals/snacks and souvenirs chargeable to the MOOE or to any other available school/local funds. A non-refundable but transferrable Reservation Deposit of One Thousand Pesos must be paid to the council on or before August 31, 2016.
5. Interested scouts and scouters are required to fill up the application form provided and submit to the council together with the deposit. You may reproduce attached copy of the application form.
6. Service credits will be granted to teachers who will serve as chaperons provided they are also registered in the camp. The standard ratio is 1 adult leader for every 8 senior scouts.
7. Pre - jamboree training is set on September 17-18, 2016 at the BSP Headquarters Tagbilaran City. All participants shall bring with them their Type A uniform, tents and other camping paraphernalia.
8. For information and widest dissemination.


HERMEST. ANGOY
Council Scout Executive


VIRGINIA C. ZAPANTA, Ed.D., CESO V
Schools Division Superintendent
DepEd Tagbilaran City Division


WILFREDA D. BONGALOS, Ph.D., CESO VI
Schools Division Superintendent
DepEd Bohol Division


GOV. EDGAR M. CHATTO
Council Chairman



7th NATIONAL SCOUT VENTURE CAMP
 BSP Scout Camp Danao, Malapuc Norte, Maasin City
 25-30 September 2016
 Theme: "Growth and Stability"

APPLICATION FORM

Please complete all parts of the application form in block letters

Name of Local Council _____ Region _____

PERSONAL DETAILS

Surname _____ First name _____ Middle Initial _____

Gender _____ Date of Birth ____/____/____ (dd/mm/yy) Place of Birth _____

Height _____ Weight _____ Blood type _____ Nationality _____ Religion _____

Father's Name _____ Mother's Name _____

School or profession _____ Grade or level of education _____

Home Address _____ City/Province _____ Zip _____

Tel No. _____ Mobile No. _____ Fax No. _____ E-mail _____

Special Skills/Qualifications: _____

I transmit herewith: P 500.00 as Full Payment of my Registration Fee (Scout/Adult Leader)

Applicant's Signature _____

Date ____/____/____ (dd/mm/yy)

PARENT'S/GUARDIAN CONSENT

(for application of minor age)

We hereby approve this application and certify to its correctness. In consideration of the benefits to be derived, we expressly waive any and all claims against the Boy Scouts of the Philippines or its representatives on account of any incident or injury or damage to personal property that may occur beyond the control of the Contingent Officials/BSP provided adequate safety measures and precautions have been instituted in participation in the 7th National Scout Venture Camp.

 Signature over Printed Name of Parent/Guardian

Date: _____

LOCAL COUNCIL ENDORSEMENT:

Name of Local Council: _____

Name of Person Authorizing this Application: _____ Position _____

Signature of Person Authorizing this Application: _____ Date ____/____/____

HEALTH DETAILS

Name: _____ Local Council: _____

Special Health Problem (Do you have any illness of the following?)

- | | | | | |
|----------------------------------------|------------------------------------|------------------------------------|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Autism |

Any other Allergies _____

Any physical disability _____

Others (please specify) _____

Recommendation and/or restrictions (if none, so state): _____

Physician (Signature over Printed Name): _____ License No.: _____