

COUNCIL CIRCULAR NO. 20 Series of 2018

TO

: ALL CHAIRMEN, GIRL SCOUT AREAS, DISTRICT/BARANGAY SCOUTING COMMITTEES, SCHOOLS DISTRICT SUPERVISORS, CENTRAL/SCHOOL

PRINCIPALS, HEAD TEACHERS, DISTRICT FIELD ADVISERS AND TROOP

LEADERS FOR PUBLIC AND PRIVATE SCHOOLS

ALL MUNICIPALITIES AND TAGBILARAN CITY DIVISION

SUBJECT

: 2018 REGIONAL JUNIOR, SENIOR & CADET CAMP

DATE

: **SEPTEMBER 25, 2018**

Bohol Girl Scout Council is pleased to announce this year's Regional Junior, Senior and Cadet Camp on October 24-28, 2018 at Marina Yulo Vargas Regional Program and Training Center (MYVRPTC), Barangay Kalunasan, Cebu City with the theme "Girls Scouts: Explore, Endure, Excel".

Pertinent details of the regional camp are as follows:

Participants

- Junior Four (4) Girls per Area
- Şenior/Cadet Eight (8) Girls per Area

Subsidized Camp Fee

Four Thousand One Hundred Pesos (P 4,100.00) per camper to cover for food, accommodation, transportation, program materials, souvenirs with t-shirt and tours

Pre-Campference

October 23, 2018 (Tuesday) 8:00 A.M. at the Council Program and Training Center, Tamblot Street, Tagbilaran City

Departure Dates

- October 23, 2018 (Tuesday) at 10:00 P.M. via Lite Shipping (Tagbilaran City Cebu City)
- October 28, 2018 (Sunday) at 10:00 P.M. via Lite Shipping (Cebu City Tagbilaran City)

All campers must use duffel bags and backpacks for their things. Trolley bags are strictly not allowed.

Enclosed are the Application Form and Health Examination Form. Duly accomplished forms, together with the troop registration form of the participating campers, must be submitted to the Council on or before October 20, 2018

We look forward to your support and participation to this Regional activity.

PRISCILLA MOONYEEN P. MONTAÑEZ
Council Executive

ANNE MARIQUIT D. OPPUS Council President

VIRGINIA C. ZAPANTA, Ed.D., CESO V Schools Division Superintendent DepEd Tagbilaran City Division GS Council Commissioner for Administration NIMFA D. BONGO, Ed.D., CESO V Schools Division Superintendent DepEd Bohol Division GS Council Commissioner for Administration

Qualifications of Participants

- Must be registered Junior, Senior and Cadet Girl Scouts as of November 30, 2018.
- Must be physically fit and alert as certified by a licensed physician.
- Must have earned at least one badge under the challenge of Environment, Preparedness, Arts, & Heritage Citizenship

Activities

Junior – Handicraft, Martial Arts, Adventure Games, Session on Free Being Me/ABC, Session on Spirituality and Well Being, Session on Drug Awareness, Emergency Preparedness, Council Extravaganza, Campfire, Scout's Own and Tour.

Senior & Cadet - Obstacle Games, Session on Drug Awareness, Handicraft, Sessions on Free Being Me/ABC, Session on Spirituality and Well Being, Ham Radio,
Rappelling Martial Arts, Council Extravaganza, Campfire, Scout's Own and Tour.

Things to bring:

Two (2) sets of Official Uniforms
Complete with GS paraphernalia & GS Cap
Two (2) sets of Camp Uniforms with green socks
Closed Black Shoes, Rubber Shoes, Slippers
Shoe Polish Kit
Comfortable working clothes
Sleeping Garments (preferably pajamas)

Several changes of underwear

Face and Bath Towel

Casual Dress

Black Tights & Leotard

Physical Fitness Outfit

Denim/Maong Pants

Art Materials

Medical Certificate and Parent's Consent

- Rain Coat

- Outdoor beddings: oil cloth & blanket
- Bedrolls/Sleeping Bag
- GS/Swiss Knife
- Flashlights
- Water canteen/plastic tumbler
- Sit-upon
- Sewing Kit
- Writing Materials
- Set of eating utensils
 (plastic plate, spoon, fork, cup
 & saucer, knife, napkin all these
 placed in a drawstring bag)

Patrol Equipments/Miscellaneous

- One (1) set square tent per patrol for quarters
- Fly Tent
- Cooking Utensils
- Water jug/container
- Pails/dippers, basins
- Materials for light gadgets
- Bolo/trowel, stick broom

- Kaper's Chart
- Plastic bag (large) for litters enough for the duration
- First Aid Kit
- Kerosene lantern/emergency lamp for quarters, dining and kitchen
- List of contingents

GIRL SCOUTS OF THE PHILIPPINES NATIONAL HEADQUARTERS MANILA

APPLICATION FORM

(GIRL)

Event:	******		Date:	
PERSONAL DATA: Name:				
Date of Birth:	LAST	Age:	MIDDLE Home Addre	FIRST
Troop Number:	Council	:	Date of Las	ss: it Registration:
Religious Affiliation:			Number of '	Years in Scouting:
Camps/Special Even	<u>Event</u>	***************************************		<u>Date</u>
In emergency, notify	r:			Relationship:
Address:		······	т	elephone Number:
		PARI	ENT'S CONSENT	
				full consent for my daughter
activity with the und I sha	erstanding that	every prec Girl Scouts (aution is to be take of the Philippines o	will derive from her participation in this en to ensure her safety. or its representative responsible for any physical fitness is assured in a medical
	Sign	ed:		
Date				arent/Guardian
			ON & ENDORSEM	
We l event.	nereby certify t	hat the app	olicant has met all	requirements for participation in this
	-	Tr	oop Leader	
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Council Presid	ent **	ii .		Council Executive

GIRL SCOUTS OF THE PHILIPPINES VISAYAS REIONAL OFFICE Marina Yulo-Vargas Regional Program & Training Center Capitol Hills, Cebu City

INFORMATION SHEET

1 Noman		2 450	ure old
7. Name		A Place	of Rith
5. Home Address		6 Tel N	0
7 Parents: (Father)			·
8. In case of Emerger	cy, the person to notify is:	(,)	
Address:			
9. Date of Latest Regi	stration with GSP	Tro	oop No
10. Years in Girl Scouti	ng:		
As a Tw	rinkler	_ As a Senior	
As a Sta	ar	As a Cadet	
	nior	<u> </u>	
	pecial Responsibilities in the	e Troop:	
Inclusive Dates:			
	uting Events other than Car		
District Level			
Council Level			
National Level			
Ivational Level			
Camping Experience	ces:		
	Name of Participation	<u>Duration</u>	Number of Times
Patrol Camp			
Troop Camp	***************************************		
District Camp			
Council Camp Regional Camp			
National Camp	· · · · · · · · · · · · · · · · · · ·	**************************************	
Int'l Camp			

14. Badges Earned:			
As a Twinkler			
As a Star			
As a Junior			
As a Senior			
As a Cadet			
Special Awards/Sch			
	<u>Title/Kind</u>		Date Awarded/Conferred
	than GSP/Club Affiliations	90 JES - 11 11 11	Dete
Name of Club	o/Group F	osition/Responsibility Held	<u>Date</u>
Special Interest/Hol	obies		
18. Religious Affiliation:			
19. Food Prohibition:			
			Signature
			Signature
			Date

GIRL SCOUTS OF THE PHILIPPINES NATIONAL HEADQUARTERS MANILA

HEALTH EXAMINATION FORM

Name			Birth Date	
Surname	First	Middle	***************************************	
Parent Guardian		F	Phone	
Home Address		,		
S	treet & Number	Town/City	Province	
In case of emergency notify		P	hone	
Address				
HEALTH HISTORY: (check -	giving approximate dates)			
Frequent Colds	Kidney Trouble	e Chickenpox		
Abscessed Ears	Convulsion	Mumps		
Fainting	Sleep Walking	Whoo	pping Cough	
Frequent Sore Throats		Measles		
Sinusitis		Heart Trouble		
Bronchitis		Rheumatic Fever		
Stomach Upset		Athlete's Foo	ot	
Constipation		Tuberculosis		
Operations or serious injuries				
Allergic Reactions: Penicillin				
Details of above or additional	information			
Any specific activites to be en Re	couraged?estricted?			
IMPORTANT : Ple	ease notify the camp if this ap	plicant is expose	ed to any communicable	
Suggestions fron Parent/Guar	dian			
			case of Surgical Emergency permission to the physician ne camp director to hospitalize, reatment for, and to order sthesia or surgery for my named above.	
Marie		Signature		

PHYSICAL EXAMINATION - to be filled out by licensed physician Code V - Satisfactory X - Not Satisfactory (explain)

Height	Blood	d Pressure	Circulatory System	
Weight			Urinalysis	Analysis
Eyes	700000000000000000000000000000000000000		Loco-motor System	m
Eye glasse				
Ears Nose			Skin	
Throat			Allergy - Please sp	Decity
Teeth				***
Heart			General Appraisal	
Lungs Abdomen			Menstrual History	
ADGOMEN	Genitalia			
	Kernia			
				-
Perommo	adations and rootriction	on (dint mandining sudan		1
Recomme	idations and restriction	ns (diet, medicine, swim	ming, diving, etc.)	a *
Immunizati	ons:			
D.P. I Serie	es Booster	Date	Tetanus Booster	Date
rypholo Se Small Pox	nes Booster	Date	(if requires by camp) Date	
			Date	
			-	Examining Physician
				Examining i hysician
Talanhana		مىلدلد ۸		
respilone.		Address		Maria
Date	3 200 0			
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healthform/xl