



GIRL SCOUTS OF THE PHILIPPINES
Visayas Region
Bohol Girl Scout Council

COUNCIL CIRCULAR NO. 19

Series of 2017

TO : ALL CHAIRMEN, GIRL SCOUT AREAS, DISTRICT/BARANGAY SCOUTING COMMITTEE, 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 : REGIONAL JUNIOR, SENIOR & CADET ENCAMPMENT

DATE : SEPTEMBER 12, 2017

We are pleased to announce the Regional Junior, Senior and Cadet Encampment which will be held on October 23-28 at the Camp Pasica, Dingle, Iloilo.

Hereunder are the details of the encampment:

Event	: REGIONAL JUNIOR, SENIOR AND CADET ENCAMPMENT
Date and Venue	: October 23-28, 2017 Camp Pasica, Dingle, Iloilo
Theme	: "Empower • Transform • Sustain"
Participants	: Junior – Four (4) Girls per Area Senior – Eight (8) Girls per Area
Subsidized Camp Fee	: P 6,800.00 per camper (to cover food, accommodation, transportation, program materials, souvenirs with t-shirt and tours) Registration Fee may be taken from Local Government Unit, MOOE or any available local school funds upon request.
Pre-Campference	: October 22, 2017, 8:00 A.M at GSP Bohol Council Program and Training Center, Tamblot Street, Tagbilaran City
Departure for Cebu City	: October 23, 2017 at 1:00 P.M.
Departure for Iloilo City	: October 23, 2017 at 6:00 PM

Qualifications of Participants :

- Girls
- must be registered Junior, Senior and Cadet Girl Scouts as of November 30, 2017
 - must have attended troop camp/district/ council encampments
 - 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
- Adults
- must be registered Troop Leaders as of November 30, 2017
 - must have undertaken the Outdoor Leadership Course or must be a Campcraft Certificate holder
 - must be physically fit to undergo the rigor of outdoor life
 - must know and understand her girls
 - must know simple First Aid

Health Forms shall be ready for a physical re-check to be conducted upon arrival in camp.

- Activities :
- Junior – Handicraft, Martial Arts, Adventure Games, Hike Out, Session on Free Being Me (FBM), Council Extravaganza, Campfire, Scout's Own and Tour.
- Senior - Obstacle games, Session on Free Being Me (FBM), Cave Exploration, Repelling, Martial Arts, Council Extravaganza, Campfire, Scout's Own and Tour.

Things to Bring :

Individual


- | | |
|--|---|
| - Two (2) sets of Official Uniforms
Complete w/ GS paraphernalia & GS Cap | - Rain Coat |
| - Two (2) sets of Camp Uniforms w/ green socks | - Outdoor beddings, oil cloth & blanket |
| - Closed Black shoes, rubber shoes, slippers, shoe polish kit | - Bedrolls/Sleeping Bag |
| - Comfortable working clothes | - Secret Knife/Swiss Knife |
| - Sleeping Garments (preferably pajamas) | - Flashlights |
| - Several changes of underwear | - Water Canteen |
| - Face & Bath Towel | - Sit – upon |
| - Casual Dress | - Sewing Kit |
| - Native Costume | - Writing Materials |
| - Physical Fitness Outfit | - Set of eating utensils
(plastic plate, spoon, fork, cup & saucer
tumbler, knife, napkin, all these placed in
a drawstring bag) |
| - Denim/Maong Pants | - Tights & leotards |
| - Medical Certificate & Parent's Consent | |
| - Art Materials | |

Patrol Equipments/Miscellaneous


- 1 set square or dome tent per patrol for quarters
- Fly Tent
- Cooking Utensils (for Seniors only)
- Water jug/container
- Pails/dippers, basins
- Materials for light gadgets
- Bolo/trowel, stick broom
- Plastic bag (large) for litters enough for the duration
- First Aid Kit
- Kerosene lantern/emergency lamp for quarters, dining and kitchen
- Plastic table cover
- Kaper's Chart
- List of Contingents

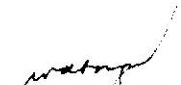
Enclosed are the Application and Health Forms, which we expect to receive the duly accomplished forms together with the troop registration of the participating camper on or before October 7, 2017.

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


MISS MARIA CRISNETTE L. YU
Officer-In-Charge


HON. MARIA PUREZA V. CHATTO
Council President


VIRGINIA C. ZAPANTA, Ed.D., CESO V
Schools Division Superintendent
DepEd Tagbilaran City and GS Council
Commissioner on Administration


WILFREDA D. BONGALOS, Ph.D., CESO VI
Schools Division Superintendent
DepEd Bohol and GS Council
Commissioner on Administration

UNITED STATES SCOUTS BSA
NATIONAL HEADQUARTERS
MANILA

APPLICATION FORM
(GIRL)

Event: _____ Date: _____

PERSONAL DATA:

Name: _____

LAST MIDDLE FIRST
Date of Birth: _____ Age: _____ Home Address: _____
Troop Number: _____ Council: _____ Date of Last Registration: _____
Religious Affiliation: _____ Number of Years In Scouting: _____
Camps/Special Events Attended: _____

Event	Date
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian: _____ Relationship: _____

Address: _____ Telephone Number: _____

PARENT'S CONSENT

I hereby consent that my daughter, _____, be a member of the _____ Troop, _____ Council, and participate in all activities of the United States Scouts BSA, including but not limited to, camping, travel, and other outdoor activities.

I understand that my daughter is a member of the United States Scouts BSA and that she is subject to the rules and regulations of the organization.

I understand that my daughter is responsible for her own actions and that I am responsible for her physical fitness. Her physical fitness is assured in a medical examination.

Signature: _____ Date: _____ Parent/Guardian

CERTIFICATION & ENDORSEMENT

We hereby certify that the applicant has met all requirements for participation in this event.

Troop Leader

Council President

Council Executive

UNITED STATES OF THE PHILIPPINES
NATIONAL HEADQUARTERS
MANILA

HEALTH EXAMINATION FORM

Name _____ Birth Date _____
Surname First Middle

Parent/Guardian _____ Phone _____

Home Address _____
Street & Number Town/City Province

In case of emergency notify _____ Phone _____

App. Age _____

Medical HISTORY (check, giving approximate dates)

Frequent Colds _____ Kidney Trouble _____ Chickenpox _____

Heart Trouble _____ Convulsion _____ Mumps _____

Stomach Trouble _____ Sleep Walking _____ Whooping Cough _____

Measles _____

Heart Trouble _____

Rheumatic Fever _____

Athlete's Foot _____

Tuberculosis _____

Diabetes _____

Allergic Reaction _____
Other Drugs _____

Details of previous hospitalization information _____

Any special activities encouraged? _____
Restricted? _____

IMPORTANT: Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

Suggestions from Parent/Guardian _____

_____ in case of Surgical Emergency
I hereby give permission to the physician
selected by the camp director to hospitalize,
secure prior treatment for and to order
injection, anesthesia or surgery to my
daughter as named above.

Signature _____
Date _____

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Type: Satisfactory
X = Not Satisfactory (explain)

Height	_____	Blood Pressure	_____	Circulatory System	_____	Blood Analysis	_____
Weight	_____			Urinalysis	_____		
Eyes	_____			Loco-motor System	_____		
Eye glasses	_____			Nervous System	_____		
Ears	_____			Skin	_____		
Nose	_____			Allergy - Please specify	_____		
Throat	_____				_____		
Teeth	_____				_____		
Heart	_____			General Appraisal	_____		
Lungs	_____			Menstrual History	_____		
Abdomen	_____				_____		
	Gonorrhea	_____					
	Re: _____						

Recommendations and restrictions (diet, medicine, swimming, diving, etc.)

Immunizations

D.P.T Series	_____	Booster	_____	Date	_____	Tetanus Booster	_____	Date	_____
Typhoid Series	_____	Booster	_____	Date	_____	(if requires by camp)			
Small Pox	_____					Date	_____		

Examining Physician

Telephone _____ Address _____

Date _____

healthformix