



Republic of the Philippines
Department of Education
Region VII, Central Visayas



DIVISION OF CEBU PROVINCE

Sudlon, Lahug, Cebu City

DIVISION MEMORANDUM

No. 529 s. 2014

OCT 17 2014

3rd GREEN BAR TRAINING CONFERENCE

To: Division Field Commissioners
District / School Commissioners
Secondary School Commissioners
Heads, Private Elementary and Secondary Schools

1. Enclosed is Boys Scouts of the Philippines (BSP) Cebu Council Memorandum No. 37, s. 2014, entitled "**3rd Green Bar Conference**" on October 18 – 22, 2014 at CEPOC Central School, Tinaan, City of Naga, Cebu.
2. Travel/ incidental expenses and registration fee of Php 750.00 (Seven Hundred Fifty Pesos) for early registrants, Php 800.00 (Eight Hundred Pesos) for walk-in, and Php 300.00 (Three Hundred Pesos) for adult leader participants are chargeable against School/ District BSP Fund, Special Education Fund (SEF) or solicited/personal fund, subject to their availability and usual accounting and auditing rules and regulations.
3. Teacher – participants to this activity will be granted with two (2) days service credits upon submission of required supporting documents.
4. Immediate and wide dissemination of this Memorandum is desired.


ARDEN D. MONISIT, Ed. D.
Schools Division Superintendent

Telephone Numbers:
Schools Division Superintendent (032)255-6405
Asst. Schools Division Superintendent (032)4147457
Accounting Section: (032)254-2632
Disbursing Section: (032)255-4401
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September 29, 2014

Council Memorandum
No. 37 S. 2014

TO : All Scout Commissioners, Outfit Advisors, Troop Leaders

SUBJECT : 2nd Green Bar Training Conference

1. The Cebu Council, Boy Scouts of the Philippines would like to announce the holding of the 2nd Green Bar Training Conference on October 18 - 22, 2014 at CEPOC Central School, Tinaan, City of Naga, Cebu.
2. The activity aims the following:
 - a. to let the Scouts experience leadership roles and responsibilities in the Patrol/Crew.
 - b. to carry out tasks and duties in the Patrol/Crew and Troop/Outfit.
 - c. to strengthen friendship, brotherhood, and camaraderie.
 - d. to demonstrate Scout craft skills.
 - e. to experience living in the outdoors
 - f. to accomplish merit badge requirement in Boy Section (First Class Rank) and for Senior Section (Outdoorsman).
3. The activity is designed and anchored on the principles of learning by doing. The course builds a healthy competition in the essence of brotherhood through in Scouting way. Each Patrol/Crew competes with his counterpart from other Patrols/Crews at a given time. The course mainly focuses on Troop/Outfit and Patrol/Crew Leadership, Team Work and Team Building, Wood Craft and Camp Craft Skills and Physical Fitness.
4. The registration fee of Eight Hundred Pesos Only (P 800.00) for the walk-in campers to defray the expenses for the training and materials needed for the module. (Souvenirs: Certificates, Activity Patch, Rucksack Bag, Training Materials and others as needed for the sessions.)
5. The pre-registration fee is only Seven Hundred Fifty Pesos Only (P750.00) for early bird registrants until October 10, 2014.
6. The Registration Fee for Adult Leaders is Three Hundred Pesos Only (Php 300.00).
7. The participant must be registered in the Cebu Council, BSP.
8. The participant must be a rank holder of a Second Class for Boy Scouts, Outdoorsman for Senior Scouts.
9. The qualified Scouts must possess any of the following positions below:
 - a. Senior Patrol/Crew Leader
 - b. Troop/Outfit Scribe
 - c. Patrol/Crew Leader
 - d. Asst. Patrol/Asst. Crew Leader
 - e. Patrol/Crew Scribe
 - f. Patrol/Crew Treasurer
10. The participants are expected to settle in the Camp a day before the start of the activity.
11. The participant must secure a medical certificate and parent's approval.
12. The Scouts must have a complete Scout Type "A" Uniform.
13. Please be guided accordingly.

IAN ANTHONY T. DIOLA
Council Scout Executive

Boy Scouts of the Philippines
CEBU COUNCIL

2/F Cebu Council, BSP Headquarters, corner N. Bacalso Ave. & Tres de Abril St., Cebu City, Philippines
Tel. No.: (032) 418-6258 TelFax: (032) 261-1402 FB: bspcebuCouncil@gmail.com Email: cebu.bsp@scouts.org.ph



September 29, 2014

Council Memorandum
No. 37 S. 2014

TO : All Scout Commissioners, Outfit Advisors, Troop Leaders

SUBJECT : 2nd Green Bar Training Conference

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 - f. to accomplish merit badge requirement in Boy Section (First Class Rank) and for Senior Section (Outdoorsman).
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 - d. Asst. Patrol/Asst. Crew Leader
 - e. Patrol/Crew Scribe
 - f. Patrol/Crew Treasurer
10. The participants are expected to settle in the Camp a day before the start of the activity.
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13. Please be guided accordingly.

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Council Scout Executive

Boy Scouts of the Philippines
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2/F Cebu Council, BSP Headquarters, corner N. Bacalso Ave. & Tres de Abril St., Cebu City, Philippines
Tel. No.: (032) 418-6258 TelFax: (032) 261-1402 FB: bspcebuCouncil@gmail.com Email: cebu.bsp@scouts.org.ph



PARTICIPANT'S APPLICATION FORM



PERSONAL INFORMATION

Surname: _____ First Name: _____ Middle Initial: _____
 Local Council: _____ Region: _____
 Mailing Address: _____
 Birthdate: _____ Birthplace: _____ Age: _____
 Gender: _____ Religion: _____
 Contact Info: Landline: _____ Mobile No.: _____ Email: _____
 School/Sponsoring Institution: _____ Troop/Outfit No: _____
 BSP Membership Card No: _____ Date of Registration: _____ Valid Until: _____
 Position in the Troop/Outfit: _____ Current Rank: _____

ACTIVITY CONSENT AND PARENT'S/GUARDIAN'S PERMIT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and regulations and standards of conduct. I release the Boy Scouts of the Philippines, the Local Council, the activity coordinators, and all Professional Staff, Volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Signature over Printed Name of Parent/Guardian

Date: _____

ACTION OF THE SPONSORING INSTITUTION

This is to certify that the name of the Scout appeared above is duly registered member of the Boy Scouts of the Philippines, _____ Local Council under the Sponsoring Institution of _____ and is an official delegate to the 2nd Green Bar Training Conference.

Troop Leader/Outfit Advisor

Institutional Head / Representative

Checked & Verified by:

Signature Over Printed Name

Council Scout Executive

ENDORSEMENT OF THE LOCAL COUNCIL

Walk-in Registration Fee: Php 800.00
 (Note: Non-refundable but transferable.)

Pre-registration : Php 750.00
 (Note: Valid until October 10, 2014 only)

Checked & Verified by:

Signature Over Printed Name

Council Scout Executive

This health and medical record, including immunizations indicated, is valid for participation in the Outdoors Program for one year date of physician's examination subject to recertification in camp and when required for special events.

Please fill out completely

HEALTH HISTORY

Have or subject to (check if yes):

<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Palpitation	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Headache	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Cough	<input type="checkbox"/> Easy Fatigue	<input type="checkbox"/> Frequent Fever
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Others _____			

Describe: _____

Have or subject to trouble with (check if yes):

<input type="checkbox"/> Eye, Ear, Nose, Throat	<input type="checkbox"/> Hernia
<input type="checkbox"/> Recurrent Diarrhea	<input type="checkbox"/> Heart
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Whooping Cough

Have had: (check if yes)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Measles
<input type="checkbox"/> Lungs	<input type="checkbox"/> Mumps
<input type="checkbox"/> Malaria	<input type="checkbox"/> Chicken Pox

YEAR

Any condition now requiring regular medication? _____
Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATION

Smallpox	Date of last inoculation	Polio (Short or Oral)	Date of last inoculation
Diphtheria	_____	Others	_____
Tetanus Toxoid	_____		

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son during his attendance at the Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that, in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed: _____ Date: _____ Approved by: _____
Applicant Parent or Guardian

MEDICAL EXAMINATIONS

TO THE PHYSICIAN: Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

PHYSICAL FINDINGS

Normal		Abnormal	Explanation if abnormal
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ears	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>	_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Posture (Spine)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	_____

IMMUNIZATION (See history)

(Check One)

Date Given.

Smallpox	<input type="checkbox"/> OK	<input type="checkbox"/> Needed	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cholera / Dysentery / Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

Camping & Hiking Water Sports Competitive Sports

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

Signed: _____ Signed: _____
Examinee Physician and License No.



HEALTH AND MEDICAL RECORD

This health and medical record, including limitations indicated, is valid for participation in the Scouting Program for one year date of physician's examination subject to recertification in camp and when required for special events.

Please fill out completely

HEALTH HISTORY

Have or subject to (check if yes):

<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Palpitation	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Headache	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Cough	<input type="checkbox"/> Easy Fatigue	<input type="checkbox"/> Frequent Fever
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Others _____			

Describe: _____

Have or subject to trouble with (check if yes):

<input type="checkbox"/> Eye, Ear, Nose, Throat	<input type="checkbox"/> Hernia
<input type="checkbox"/> Recurrent Diarrhea	<input type="checkbox"/> Heart
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Whooping Cough

Have had: (check if yes)

<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps
<input type="checkbox"/> Chicken Pox

YEAR

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATION

Smallpox	Date of last inoculation	Polio (Short or Oral)	Date of last inoculation
Diphtheria	_____	Others	_____
Tetanus Toxoid	_____		

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son during his attendance at the Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that, in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed: _____ Date: _____
Applicant

Approved by: _____
Parent or Guardian

MEDICAL EXAMINATIONS

TO THE PHYSICIAN: Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

PHYSICAL FINDINGS

Normal		Abnormal	Explanation if abnormal
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ears	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>	_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Posture (Spine)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	_____

IMMUNIZATION (See history)

(Check One)

Date Given

Smallpox	<input type="checkbox"/> OK	<input type="checkbox"/> Needed	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cholera / Dysentery / Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

<input type="checkbox"/> Camping & Hiking	<input type="checkbox"/> Water Sports	<input type="checkbox"/> Competitive Sports
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Recommendations and/or restrictions (if none, so state): _____

Signed:

Signed:



Boy Scouts of the Philippines
CEBU COUNCIL
Cebu City



Title : **2nd Green Bar Training Conference**

Theme : *"Character Counts"*

Date : October 18 – 22, 2013
(Saturday – Wednesday)

Venue : CEPOC Central School, Brgy. Tinaan, City of Naga, Cebu

CAMP DIRECTORY

Honorary Camp Chief : Gov. Hilario Davide, Jr.
Cebu Province Governor

: Hon. Valdemar M. Chiong
Naga City Cebu Mayor

Camp Chief : Mr. Hernando O. Streegan
Council Chairman

Deputy Camp Chief : Dr. Senen Paulin
Deputy Council Scout Commissioner

Council Consultants :

Training : Dr. Rosalinda T. Quijada, LT
Program : Mr. Antonio C. del Mar, LT

Camp Director : Mr. Ian Anthony T. Diola, WBH w/ CML

Deputy Camp Directors :

Program : Imelda F. Rodriguez, LT (Boy Scout Section)
: Briylle D. De Guzman (Senior Scout Section)

Administrative : Crislin K. Ilustrisimo (Boy Scout Section)
: Noel S. Lisondra (Senior Scout Section)

Community Service : Frederick Ong III

Security and Safety : Hon. Carmelino Cruz

ACTIVITY OFFICERS

BOY SCOUTS SECTION

Green Bar Course Leader : Daniel V. Feriol, LT
Green Bar Asst. CL (Prog.) : Imelda F. Rodriguez, LT
(Admin.) : Crislin K. Ilustrisimo, WBH w/ CML
Senior Patrol/Crew Leader : Ronald Navarro, WBH
Scribe : Annalie Labrador, WBH
Samuel Baritua, WBH
Hike Master : Rodelio Creer, WBH w/ CML
Obstacle Course Master : Manuel J. Indig, LT
Mario Milano

SENIOR SCOUTS SECTION

Geronimo C. Laburada, Jr. LT
Canny Rex Cortes, WBH
Noel S. Lisondra, WBH
Jeffrey Lacson, WBH w/ CML
Vivian Solamo, WBH w/ CML
Glicerio Asingua WBH w/ CML
Philip Napoles WBH
Quinciano Labiste, Jr. WBH w/ CML
Felipe Atilano, WBH w/ CML
Floro Tunday

PERSONNEL

Registration Officer : Erikson Chua (Council Staff)
Reymon Redelosa (Council Staff)

Logistic Staff : Rey B. Lanete, WBH
Carmita Erana (Council Staff)
Shassy Shane Alon (Council Staff)
Eagle Scout Lenbi Laborte
Eagle Scout John Benson U. Dolosa
Andres Nunez (Division Scouting Coordinator of Naga Division)

Food : Crislin K. Ilustrisimo

Cook :

News Bulletin : Bangaw Group/

Awards Committee : Annalie Labrador, WBH Rey Lanete, WBH
Vivian Solamo, WBH w/ CML Canny Rex Cortes
Daniel V. Feriol, LT Crislin K. Ilustrisimo, WBH
Geronimo C. Laburada, Jr. LT Noel S. Lisondra, WBH

Physical Arrangement : Noel S. Lisondra, Rey B. Lanete
Andres Nunez, Canny Rex Cortes



2nd Green Bar Training Conference

CEPOC Central School, Tinaan, City of Naga

October 18 – 22, 2014

Boy Scouts Section



TIME	Oct. 17, Day 0	Oct. 18, Day 1	Oct. 19, Day 2	Oct. 20, Day 3	Oct. 21, Day 4	Oct. 22, Day 5					
5:00 a.m.	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Boy</p> <p style="text-align: center;">Scouting</p> <p style="text-align: center;">Section</p> </div>	<ul style="list-style-type: none"> • Orientation • Patrol/Crew Organization • Smartness and Good Order • Spirit Builders 	<ul style="list-style-type: none"> • Morning Reveille • Wash-up • Breakfast 	<ul style="list-style-type: none"> • Morning Reveille • Wash-up • Breakfast 	<ul style="list-style-type: none"> • Morning Reveille • Wash-up • Breakfast 	<ul style="list-style-type: none"> • Leave no trace • Treck Back to Camp 					
6:00 a.m.							<ul style="list-style-type: none"> • Parade • Opening Ceremony 	<ul style="list-style-type: none"> • Flag Raising Ceremony <i>(What Makes You A Good Leader?)</i> 	<ul style="list-style-type: none"> • Flag Raising Ceremony <i>("We must be prepared: Leadership in Emergency Situation")</i> 	<ul style="list-style-type: none"> • Flag Raising Ceremony 	<ul style="list-style-type: none"> • Breakfast
7:00 a.m.							<ul style="list-style-type: none"> • Pioneering Project (Boy) 	<ul style="list-style-type: none"> • Back to Basics (Survival) • Cooking (Dumpper Bread / Egg) • Bamboo Tube • Fire by Friction • Improvised Shelter 	<ul style="list-style-type: none"> • Emergency Preparedness: a. Fire Fighting • b. Roll and Unrolling Fire Hose • c. How to use Fire Extinguisher? • d. Fire Drill • e. Earthquake Drill • f. High Angle Rescue 	<ul style="list-style-type: none"> • Jump-off • Hiking • Cross Country Hike 	<ul style="list-style-type: none"> • Closing Ceremony
8:00 a.m.											
9:00 a.m.											
10:00 a.m.											
11:00 a.m.											
12:00 a.m.	*****LUNCH*****										
1:00 p.m.	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Cafe Service</p> <p style="text-align: center;">Registration</p> <p style="text-align: center;">Activity</p> </div>	<p>Skills Teaching:</p> <ul style="list-style-type: none"> • Knot Tying • Splicing / Whipping • Signaling (WigWag) • Compass Reading 	<ul style="list-style-type: none"> • Estimating Heights & Distances • Conventional Trail Signs • Patrol Meetings 	<p>Emergency Preparedness:</p> <ol style="list-style-type: none"> Life Saving Swimming Water Rescue Boating Search and Rescue Water Safety Practices C.P.R. 	<p style="text-align: center;">Community Emersion</p>						
2:00 p.m.											
3:00 p.m.											
4:00 p.m.											

5:00 p.m.	Boy Scouting Section	Patrol / Crew Meetings				
6:00 p.m.		*****D I N N E R*****		Obstacle Course Patrol/Crew Meetings	Survival Cooking	
7:00 p.m.						
8:00 p.m.		<ul style="list-style-type: none"> • Youth Forum • Spare Time Activities <ul style="list-style-type: none"> a. Knot Board b. Lashing c. Patrol/Crew Flags 	<ul style="list-style-type: none"> • Youth Forum • Sub-Camp Camp Fire 	<ul style="list-style-type: none"> • Tulaan, Awitan, Sayawan at Balagtasan • Youth Forum 	Grand Camp Fire	
9:00 p.m.		*****T A P S*****				
10:00 p.m.						
11:00 p.m.						



2nd Green Bar Training Conference
 CEPOC Central School, Tinaan, City of Naga
 October 18 – 22, 2014
 Senior Scouts Section



TIME	Oct. 17, Day 0	Oct. 18, Day 1	Oct. 19, Day 2	Oct. 20, Day 3	Oct. 21, Day 4	Oct. 22, Day 5						
5:00 a.m.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Scouting Section </div>	<ul style="list-style-type: none"> • Orientation • Patrol/Crew Organization • Smartness and Good Order • Spirit Builders (Songs and Games) 	<ul style="list-style-type: none"> • Morning Reveille • Wash-up • Breakfast 	<ul style="list-style-type: none"> • Morning Reveille • Wash-up • Breakfast 	<ul style="list-style-type: none"> • Morning Reveille • Wash-up • Breakfast 	<ul style="list-style-type: none"> • Leave no trace • Treck Back to Camp 						
6:00 a.m.							Assembly for Parade	<ul style="list-style-type: none"> • Parade • Opening Ceremony 	<ul style="list-style-type: none"> • Flag Raising Ceremony (<i>What Makes You A Good Leader?</i>) 	<ul style="list-style-type: none"> • Flag Raising Ceremony (<i>"We must be prepared: Leadership in Emergency Situation"</i>) 	<ul style="list-style-type: none"> • Breakfast 	
7:00 a.m.							Parade	<ul style="list-style-type: none"> • Time Management 	<ul style="list-style-type: none"> • Conflict Management • Decision Making • Program Planning 	<ul style="list-style-type: none"> • Emergency Preparedness: <ol style="list-style-type: none"> Life Saving Swimming Water Rescue Boating Search and Rescue Water Safety Practices C.P.R 	<ul style="list-style-type: none"> • Jump-off • Cross Country Hike 	<ul style="list-style-type: none"> • Closing Ceremony
8:00 a.m.							Scouting Section	<ul style="list-style-type: none"> • Spirit Builders (Songs and Games) 	<p align="center">***** L U N C H *****</p>	<ul style="list-style-type: none"> • Emergency Preparedness: <ol style="list-style-type: none"> Fire Fighting Roll and Unrolling Fire Hose How to use Fire Extinguisher? Fire Drill (Smoke) Earthquake Drill High Angle Rescue 	<ul style="list-style-type: none"> • Community Service 	
9:00 a.m.												
10:00 a.m.												
11:00 a.m.												
12:00 a.m.												
1:00 p.m.												
2:00 p.m.												
3:00 p.m.												
4:00 p.m.												

CEPOC Senior
Registration
Area

5:00 p.m.	Senior Scouting Section	Patrol / Crew Meetings		Obstacle Course Patrol/Crew Meetings	Survival Cooking	
6:00 p.m.		*****D I N N E R*****				
7:00 p.m.		<ul style="list-style-type: none"> • Youth Forum • Spare Time Activities 	<ul style="list-style-type: none"> • Youth Forum • Sub-Camp Camp Fire 	<ul style="list-style-type: none"> • Tulaan, Awitan, Sayawan at Balagtasan • Youth Forum 	Grand Camp Fire	
8:00 p.m.		<ul style="list-style-type: none"> a. Knot Board b. Lashing c. Patrol/Crew Flags 	(7A (Cont.))			
9:00 p.m.		*****T A P S*****				
10:00 p.m.						
11:00 p.m.						