



October 15, 2019


DIVISION MEMORANDUM

No. 638 S. 2019

**GIRL SCOUT OF THE PHILIPPINES (GSP) VISAYAS REGIONAL
OFFICE REGIONAL TRAINING SCHOOL 2019
November 14-29, 2019 at MYVRPTC "Camp Marina" Cebu City**

To: Assistant Schools Division Superintendents
Chiefs, SGOD/CID
Education Program Supervisors/Coordinators
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Public Elementary and Secondary School Teachers
All Others Concerned

1. This Office do hereby informed the field of the Girl Scouts of the Philippines (GSP) Visayas Regional Office on the conduct of **Regional Training School 2019** on **November 14-29, 2019 at MYVRPTC "Camp Marina" Cebu City**.
2. For more details, please see the attached communication.
3. Registration, travel and other incidental expenses of participants is chargeable against **Local SEF/ District GSP Funds** subject to its availability and usual accounting and auditing rules and regulations.
4. Immediate and wide dissemination of this memorandum is desired.


RHEA MAR A. ANGTUD, ED.D
School Division Superintendent



GIRL SCOUTS OF THE PHILIPPINES
Cebu Council

October 10, 2019

DR. RHEA MAR A. ANGTUD
Schools Division Superintendent
Department of Education
Cebu Province Division

Madam:

We are pleased to inform you that the Girl Scout of the Philippines – Visayas Regional Office will hold the Regional Training School 2019 which will be held at MYVRPTC “Camp Marina”, Cebu City on November 14–29, 2019.

Course	Date	Fee
Camper’s Permit	November 14 – 17, 2019	P 3,200.00
**Must have taken Basic, Outdoor, Age Level Course & Campcraft Certificate Holder		
Quartermaster’s Course	November 19 - 22, 2019	3,200.00
**Must have taken the Basic & Outdoor Leadership Course		

Things to bring:

- | | |
|-----------------------------------|--|
| - 2 sets of new business uniform | - Flashlight, first aid kit |
| - Alternate uniform | - Personal medicines |
| - Closed Black Shoes | - Writing materials, references |
| - Semi-formal dress | - Shoeshine kit |
| - Jogging/physical fitness outfit | - Ground sheet, bedroll, knife & camp hat
(for Camper’s Permit) |
| - Rubber shoes, slippers | - Scrapbook and Art Materials |
| - Sit-upon | - Camera (Optional) |
| - Toiletries, towels | |

We encourage your Division to send participants to any of the courses so that we can develop/produce more troop leaders/trainers who can help/support the council improve the many facets of the training program.

The participants are expected to be at the training venue in the morning of Day 1 and leave after the PM snacks on the last day of every course. First meal is breakfast of first day and last meal is afternoon lunch of the last day.

Attached are the following: -Participants Information Sheet
 -Participants Health Forms

We would like to request if the Training Fees be chargeable to MOOE and other School Funds.

Deadline of confirmation will be on or before November 5, 2019.

The favorable action you will grant to our request will be greatly appreciated.

We truly appreciate your support which strengthens our concerted effort to maintain quality Girl Scouting program both for the girls and adult members.

Sincerely yours,


VENICE A. AUNZO
Officer in Charge

CC: **Mrs. Jane O. Gurrea**
 Division Scouting Coordinator

Dr. Gerry Mantos
Assistant Division Scouting Coordinator

Girl Scouts of the Philippines
National Headquarters
Manila

Troop No. _____
 Girl
 Adult

Council: _____
 Region: _____
 Course: _____

INFORMATION SHEET

Name (Please Print) _____
Last
First
M.I.
Nickname

Date of Birth _____ Age _____ Civil Status _____
Month
Day
Year

Home Address _____ Telephone _____ Number _____

Business Address _____ Telephone Number _____

E-Mail Address _____ Fax Number _____

Educational Attainment _____

Present Occupation _____

Person to Contact in Case of Emergency _____

Relationship _____ Telephone Number _____

Address _____

Present position/s in Girl Scouting _____

1. Volunteer Activities/Involvements in GSP and Other Organizations. (Please check)

	Year
<input type="checkbox"/> Girl Scout	_____
<input type="checkbox"/> Troop Leader	_____
<input type="radio"/> Twinkler <input type="radio"/> Junior <input type="radio"/> Cadet	
<input type="radio"/> Star <input type="radio"/> Senior	
<input type="checkbox"/> Trainer	_____
<input type="checkbox"/> Council Board Member	_____
<input type="checkbox"/> Standing Committee Member	_____
<input type="checkbox"/> District Field Adviser	_____
<input type="checkbox"/> District Committee Member	_____
<input type="checkbox"/> Barangay Girl Scout Committee Member	_____
<input type="checkbox"/> Other (Please specify)	_____
_____	_____
_____	_____

**GIRL SCOUTS 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 _____

Address _____

HEALTH HISTORY: (check - giving approximate dates)

Frequent Colds _____ Kidney Trouble _____ Chickenpox _____

Abscessed Ears _____ Convulsion _____ Mumps _____

Fainting _____ Sleep Walking _____ Whooping Cough _____

Frequent Sore Throats _____ Measles _____

Sinusitis _____ Heart Trouble _____

Bronchitis _____ Rheumatic Fever _____

Stomach Upset _____ Athlete's Foot _____

Constipation _____ Tuberculosis _____

Operations or serious injuries _____ Diabetes _____

Allergic Reactions:
 Penicillin _____ Other Drugs _____

Details of above or additional information _____

Any specific activities to be 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 for my
: daughter as named above.

Signature _____
Date _____