

Boy Scouts of the Philippines

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20 May 2019

NATIONAL OFFICE MEMORANDUM Number 35 s. 2019

TO : Regional Scout Directors, Council Scout Executives and Officer-In-Charge

SUBJECT : 8th National Scout Venture Camp

- We are pleased to announce the holding of the 8th National Scout Venture Camp on 07 12 October 2019 at BSP Camp, National Steel Corporation Compound, Iligan City, with the Theme: "Commitment to Excellence."
- 2. The Scout Venture Camp 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 and experimental learning activities.
- 3. Following are the details:
 - 3.1. Qualifications for participation:
 - A. Scout is expected to have leadership potentials, sufficient camping experience, physically fit to undergo strenuous activities with parent's approval and must be:
 - Currently registered as a Senior Scout.
 - 13 years old but not over 17 years old.
 - Holder of at least Pathfinder Rank and,
 - Equipped with camping gears.
 - B. Adult Leader must have the maturity and clarity about his role and must be:
 - Currently registered;
 - Trained as an Outfit Advisor and have served as OA or AOA for at least 2 years.
 - Of good Moral Character.
 - Physically fit as certified by a physician; and,"
 - Equipped with camping gears.
- 4. Registration Details. Stated below are important information regarding the Scout Venture Camp Registration System and procedure.
 - 4.1. Registration Fee. A non-refundable but transferable Registration Fee of FIVE HUNDRED PESOS (Php 500.00) shall be charged from each of the participants in order to defray administrative cost, program materials, souvenir items and other operating expenses.

Registration Fees for the Scout Venture Camp must be remitted directly to the host council via bank transfer to their bank account name: BOY SCOUTS OF THE PHILIPPINES – ILIGAN CITY COUNCIL, Account No. 0321-235-247 Branch: Iligan City on or before 15 September 2019.

The Roster of Participants (see attached), together with the photocopy or scanned copy of the bank deposit slip must be submitted to the host council on the same date via e-mail at <u>iligancitycouncil.bsp@gmail.com</u>.

- 5. Participation Ratio. One (1) adult leader for every eight (8) Scouts is a MUST to exercise efficient outfit leadership management.
- 6. Participation Quota. The participation to the Scout Venture Camp will come from the one hundred twenty (120) Local Councils and ten (10) Scouting Regions of the BSP. Quota for Senior Scouts participation per Region is pro-rated as follows:

REGION	SCOUTS
Ilocos Region	250
Northeastern Luzon Region	300
Central Luzon Region	400
National Capital Region	500
Southern Tagalog Region	700
Bicol Region	300
Western Visayas Region	500
Eastern Visayas Region	600
Western Mindanao Region	1,500
Eastern Mindanao Region	950
TOTAL	6,000

- 7. Food Provision. The Contingent of each Local Council must provide for their own food and other basic requirements that will be sufficient throughout the entire duration of the Venture Camp. A camp market will be set up for availability of food supplies.
- 8. Transportation and Equipment. Contingents will be responsible for arranging their own transportation to and from the campsite. Like in any other camping, Scouts and Adult Leaders are required to provide their own camping equipment and gadgets.
- It is expected that Local Councils and Regions shall organize their contingents and start preparation without delay. Efforts should be vigorously exerted to promote maximum participation in this activity.
- 10. For immediate dissemination and compliance of all concerned.

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8th NATIONAL SCOUT VENTURE CAMP

BSP Camp, National Steel Corporation Compound, Iligan City 07 – 12 October 2019 Theme: "Commitment to Excellence"

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		
HeightWeight	Blood typeNationality	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	o E-mail		
Special Skills/Qualificat	tions:			

I transmit herewith: D P 350.00 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?)						
Heart disease	□ Hay fever	Diabetic	Hypertension	Fainting		
Haemophilia	🗆 Asthma	Epileptic	□ Sleep Walking	🗆 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.:						

OUTFIT ROSTER OF PARTICIPANTS

Sponsoring Institution: ____ Local Council: Region: COMPLETE NAME Current Position POSITION AGE GENDER Rank in the Unit (please write in PRINT) Adult Leader: Senior Scout **COMPLETE NAME** Current Position POSITION AGE GENDER (please write in PRINT) in the Unit Rank Adult Leader: Senior Scout Current COMPLETE NAME Position POSITION AGE GENDER (please write in PRINT) Rank in the Unit Adult Leader: Senior Scout Current COMPLETE NAME Position POSITION AGE GENDER (please write in PRINT) Rank in the Unit Adult Leader: Senior Scout Prepared and Submitted by: Date: ___ **Unit Scouting Coordinator Institutional Head/Representative** Date: __ Verified and Checked:

Council Scout Executive/OIC

Scout Venture Registration Status:

Full Payment: _____ OR NO: _____

Sub-Camp Assignment: ____

Delegation/Contingent Head

____ Date: _____

Sub-Camp Director: _____