

Republic of the Philippines

Department of Education

REGION X
DIVISION OF MALAYBALAY CITY

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DEPED MALAYBALAY CITY DIVISION
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Division MEMORANDUM

No.

79

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TO:

Assistant Schools Division Superintendent Chief Education Supervisors, SGOD and CID Public Secondary and Elementary School Heads

All Others Concerned

FROM:

VICTORIA V. GAZO @

Achools Division Superintendent

DATE:

February 11, 2020

SUBJECT:

DISSEMINATION OF BFP-MALAYBALAY CITY FIRE STATION

INVITATION TO JOIN SECOND PULAGUY KUY DUMA BUMBERO

Attached is the letter from BFP – Malaybalay City Fire Station (BFP-MCFS) inviting all personnel in the Division to participate in the 2nd Pulaguy Kuy Duma Bumbero on March 1, 2020. All is hereby encouraged to join the said event.

Interested personnel may contact BFP-MCFS through 09165404220.

Encls: As stated

Copy Furnished: Records Section | DRRM

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Department of the Interior and Local Government

BUREAU OF FIRE PROTECTION MALAYBALAY CITY FIRE STATION – BUKIDNON

Capt. Juan Melendez St., Barangay 4, Malaybalay City Telephone/ Cellphone Number: 088-813-5449/ 0917-8832-911 Email address: malaybalaycfs_bfp10@yahoo.com

January 20, 2020

VICTORIA V. GAZO, PhD., CESO V

Schools Division Superintendent Department of Education – Division of Malaybalay City Purok 6, Casisang Malaybalay City, Bukidnon

Dear Dr. Gazo;

Greetings of peace and prosperity!

First, we would like to extend our sincerest gratitude for your support in our different plans and programs. Your participation has greatly contributed to the success of our activities especially during the "1st Pulaguy Kuy Duma Bumbero" Run with the firefighters held last March 2, 2019.

This year, Malaybalay City Fire Station (MCFS) in cooperation with Office of the Provincial Fire Marshal – Bukidnon, will once again introduce innovations, new concepts and new ideas in promoting a safer and more progressive community.

In line with this, we will be hosting the "2nd Pulaguy Kuy Duma Bumbero" this coming March 01, 2020 at the Provincial Capitol Grounds, this city. It will be the opening activity for our observance of Fire Prevention Month 20**29**.

One of the highlight activities during the event will be a Fun Run (5k & 3k distances) and Duathlon Challenge (5krun 20kbike 2.5krun). There will also be a showcase of our capabilities and firefighting/rescue equipment. We will setup different activity booths; open for the public to let them experience the job of a firefighter. These are all aimed to widen our campaign on fire safety and promote good health and an active lifestyle.

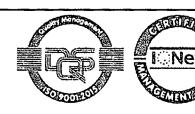
As such, we are again inviting you and your personnel to join us in the said event. We have attached the event details and registration forms (may be photocopied). You may visit us at Malaybalay City Fire Station or call/txt us at 09165404220 for more information.

We appreciate your continued support and look forward to your positive response on this invitation.

Sincerely,

SINSP ZYOYD M VILLAROYA

vtvm/tajat/admin/correspondencetemplate/sponsorship





REGISTRATION FORM

5K Fun Run 3K Fun Run			
Jersey/Shirt Size XS S	\square M \square L \square	XL	
Name:			
Name:Birthdate:	_Gender:	_Age:	
Team/School/Company:		Contact No.	
Home Address:			
regulations and that all the above determined at their own risk. Accordingly, on be	half of myself, my he ave against the organi ain during or as a cons	I have entered into. I will abide by its rules and ct. I am aware and accept that all participants enter irs, and executors, I hereby waive and release all izer for any illness, injury, death, damage or loss I squence of the activity.	
Participant's Fullname & Signatu	ire	(for 18 years old below) Parent/Guardian's Fullname & Signature	
Incase of Emergency cont	act:		
Name:	Conta	act No.:	
RACE BIB NO:			
REGISTRATIO	n Puriv		
5K Fun Run 3K F	un Run		
Jersey/Shirt Size XS	SMML	XL	
Name:		Age: Contact No.:	
Birthdate:	Gender:	Age:	
Home Address:			
I declare that I understand the conceptions and that all the above done at their own risk. Accordingly, on rights or claims for damages I may su	conditions of the active etails are true and con behalf of myself, my have against the org estain during or as a c	rity I have entered into. I will abide by its rules and rect. I am aware and accept that all participants en heirs, and executors, I hereby waive and release all panizer for any illness, injury, death, damage or loss consquence of the activity.	
Participant's Fullname & Sign		(for 18 years old below) Parent/Guardian's Fullname & Signature	
Incase of Emergency con	ntact:	start Nice	
Name:	Name:Contact No.:		
RACE BIB NO:			

KEGISTRATION FORM Duathlon Open Category Government Employee Jersey/Shirt Size XS S M L XL MARCH 01, 2020 COST CONTRA MAINTENA U Name: Birthdate: Gender: _Age(as of 12/31/2020):___ Team/School/Company: Contact No.: Home Address: I declare that I understand the conditions of the activity I have entered into. I will abide by its rules and regulations and that all the above details are true and correct. I am aware and accept that all participants enter at their own risk. Accordingly, on behalf of myself, my heirs, and executors, I hereby waive and release all rights or claims for damages I may have against the organizer for any illness, injury, death, damage or loss I may sustain during or as a consquence of the activity. Participant's Fullname & Signature (for 18 years old below) Parent/Guardian's Fullname & Signature Incase of Emergency contact: Name: Contact No.: RACEBIBNO: **REGISTRATION FORM** Duathlon Open Category Government Employee MARCH 01, 2020 Jersey/Shirt Size XS S M L XL Name: Birthdate: Gender: Age(as of 12/31/2020): Team/School/Company: Contact No.: Home Address: I declare that I understand the conditions of the activity I have entered into. I will abide by its rules and regulations and that all the above details are true and correct. I am aware and accept that all participants enter at their own risk. Accordingly, on behalf of myself, my heirs, and executors, I hereby waive and release all rights or claims for damages I may have against the organizer for any illness, injury, death, damage or loss I may sustain during or as a consquence of the activity. Participant's Fullname & Signature (for 18 years old below) Parent/Guardian's Fullname & Signature Incase of Emergency contact: Name: Contact No.: RACE BIB NO: