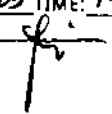




Republic of the Philippines  
**Department of Education**  
 REGION X - NORTHERN MINDANAO  
 DIVISION OF MALAYBALAY CITY

DM 2023-07-251  
 DEPED MALAYBALAY CITY DIVISION  
 RELEASED  
 DATE: 7/4/23 TIME: 1:28  
 BY: 

**DIVISION MEMORANDUM**

No. 251, s. 2023

**TO:** Assistant Schools Division Superintendent  
 Chief Education Supervisors- CID and SGOD  
 Public Elementary and Secondary Schools  
 All Others Concerned

**FROM:**   
 CHERRY MAE L. LIMBACO-REYES  
 Schools Division Superintendent

**DATE:** July 03, 2023

**SUBJECT:** 60<sup>th</sup> Alano Diamond Jubilee Camp Celebration

1. Relative to the GSP Council Circular No.6 s. 2023, the field is hereby encouraged to send your girls and troop leaders to participate the 60<sup>th</sup> Alano Jubilee Camp this coming July 26-30, 2023 at Alano Program and Training Center, Toril Davao City.
2. Teachers as troop leaders, will be given Service Credits per Civil Service Commission (CSC) and Department of Budget of Management (DBM) Joint Circular No. 25.2004.
3. Enclosed is the invitation letter coming from Cristy B. Damasco the Council Executive of GSP Bukidnon Council for details.
4. For further enquiries contact **PERLITA B. WALES** the Division GSP Coordinator.



Address: Sayre Hi-way, Purok 6, Casisang, Malaybalay City  
 Telefax No.: 088-314-0094; Telephone No.: 088-813-1246  
 Email Address: [malaybalay.city@deped.gov.ph](mailto:malaybalay.city@deped.gov.ph)



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# GIRL SCOUTS OF THE PHILIPPINES

Eastern Mindanao Region  
Bukidnon Girl Scout Council

2023-75788  
DEPED MALAYBALAY CITY DIVISION  
**RECEIVED**  
DATE: 7 9 2023 Time: 8:44  
By: ABLL

Council Circular #6  
Series of 2023  
(Excerpted from RHQ Cir#3)

**TO: DIVISION COORDINATORS, PUBLIC SCHOOLS DISTRICT SUPERVISORS, SECONDARY SCHOOL PRINCIPALS, PUBLIC AND PRIVATE ELEMENTARY SCHOOL PRINCIPALS, DISTRICT FIELD ADVISERS AND SECONDARY SCHOOL COORDINATORS, TROOP LEADERS, DISTRICT COMMITTEES, BARANGAY COMMITTEES AND PARENTS**

**RE: 60<sup>TH</sup> ALANO DIAMOND JUBILEE CAMP CELEBRATION**

**DATE: June 16, 2023**

Greetings:

The Eastern Mindanao Region is thrilled to celebrate the 60<sup>th</sup> Alano Diamond Jubilee and would like to extend an invitation to all the Councils in the Region to join and partake in this momentous event. This is an excellent opportunity for young girls to attend a higher camp at the regional level and become a part of a movement that empowers women and girls to unleash their leadership potential and drive positive change. We believe that his event will serve as a vital step towards building a more inclusive and equitable society where women and girls are empowered to achieve their goals and aspirations.

Please be guided by the following information:

**What :** 60<sup>th</sup> Alano Diamond Jubilee Camp  
**When :** July 26-30, 2023  
**Where :** Alano Proram and Training Center, Toril, Davao City  
**Theme:** "HOMEWARD BOUND: Girls' Reunion and Gratitude Camp"  
**Fee :** Php 2,500.00 per delegate (girls & Junior Chaperon)  
(to cover food, camp souvenirs, fare and entrance during offsite adventures, program and required activity materials)

Check Payable to GSP Eastern Mindanao Region:  
**BDO Savings Account Name: Girl Scouts of the Philippines**  
Account Number: 003800-0040-32

Please be informed that paid registration fees of campers who cannot attend the event are non-refundable.

**Participants: Junior. Senior/Cadet Girl Scouts**  
Minimum of 50 delegates per council, no limit to the maximum.

**Qualifications:**

1. All delegates must be registered Girl Scouts as of June 30, 2023.
2. Must be physically fit with Health Declaration and Examination Form duly signed by the participant and physician.
3. Must have attended council camp or a patrol pre-camp training.
4. Must have 2 chaperons for every 6-8 Junior Girl Scouts.

**Arrival in Camp:** July 26, 2023 – First Meal (Morning snacks)  
**Departure :** July 30, 2023 – Last Meal (Breakfast)

Things to bring:

Personal Things:	Patrol Equipment	Optional
2 Official complete Uniforms-pins, strips, belt, scarf 2 camp uniforms (GSP cap) GSP Jogging pants 60 <sup>th</sup> Alano Anniversary Shirts	Patrol/Staff Tent Fly Tent for kitchen area Twine, straw	Souvenirs/items for exchange with other campers
Lunch Box/sit upons Jacket/sweater/extra shirts	Cooking Utensils Pail and dipper	Camera
Hygiene Kit (Hand sanitizer, alcohol & face masks)	Plastic black bags for waste segregation	Musical instruments
Toiletries (soap, napkins, toothpaste, toothbrush, etc.)	Cooking/eating equipment Food containers	
Close black shoes/rubber shoes/slippers/flashlight	Poles & Bamboo slats for gadgets	
Sleeping garments/bedroll	Emergency lamps	
White socks for the official uniform	First Aid Kit	
Green knee socks for the camp uniform	Plastic Sheet for the grounds	
Set of eating utensils Personal Medicines Mosquito Repellent	Bolo, <i>Bara, Gabas</i>	

Deadline of confirmation of delegates:

We are requesting that Reply Slip be submitted on or before June 26 for general preparation (food, program and souvenir materials).

Please find the following enclosures: (to be submitted to the Regional Office)

1. Reply Slip (to be submitted in advance – June 26, 2023)
2. Application Form for Girls
3. Application Form for Adult
4. Parent's Consent
5. Health Examination Form
6. COVID-19 Health Declaration and Liability Waiver for New Normal Camping (Girl & Adult)

Attached is the Day – to – Day Activities.

FOR YOUR PROPER GUIDANCE/INFORMATION/ACTION.

*Lina Agnes O. Eduave*  
**LINA AGNES O. EDUAVE**  
 Council President

*Christy B. Damasco*  
**CHRISTY B. DAMASCO**  
 Council Executive

**GIRL SCOUTS OF THE PHILIPPINES  
EASTERN MINDANAO REGION  
TORIL, DAVAO CITY**

**APPLICATION FOR ADULT**

Region : EASTERN MINDANAO District Committee \_\_\_\_\_  
 Council : BUKIDNON Municipality \_\_\_\_\_  
 EVENT : 60<sup>TH</sup> ALANO DIAMOND JUBILEE CAMP  
 PLACE : APTC, TORIL, DAVAO CITY  
 DATE : JULY 26-30, 2023

**PERSONAL DATA :**

1. Name \_\_\_\_\_  
 Last Middle First  
 2. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_  
 Day/Month/Year  
 3. Home Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 4. School Office \_\_\_\_\_  
 5. Person to notify in case of Emergency:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 6. Religious Affiliation \_\_\_\_\_  
 7. Food Prohibition \_\_\_\_\_  
 8. Areas of Interest and Hobbies (specify)

	Teach	Lead	Others
_____	_____	_____	_____
_____	_____	_____	_____

**SCOUTING DATA :**

1. Position in Scouting :  
 Troop \_\_\_\_\_ Age Level & Troop No. \_\_\_\_\_  
 District \_\_\_\_\_  
 Council \_\_\_\_\_  
 Others \_\_\_\_\_  
 2. Date of Last Registration \_\_\_\_\_ Registration Form Serial No. \_\_\_\_\_  
 3. No. of Years in Scouting : As a Girl \_\_\_\_\_  
 As an Adult \_\_\_\_\_  
 4. Scouting Qualifications :  
 Training Credentialed : \_\_\_\_\_  
 Camping Qualification Earned \_\_\_\_\_ Date Earned \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Scouting / Events / Training Activities Participated in:

Events/Activities	Nature of Participation	Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant Signature

Endorsed :  
CHRISTY B. DAMASCO  
 Council Executive \_\_\_\_\_ Date \_\_\_\_\_

Approved :  
LINA AGNES O. EDUAVE  
 Council President \_\_\_\_\_ Date \_\_\_\_\_

GIRL SCOUTS OF THE PHILIPPINES  
EASTERN MINDANAO REGION  
TORIL, DAVAO CITY

## APPLICATION FOR ADULT

Region : EASTERN MINDANAO District Committee \_\_\_\_\_  
Council : BUKIDNON Municipality \_\_\_\_\_  
EVENT : 60<sup>TH</sup> ALANO JUBILEE CAMP  
PLACE : APTC, TORIL, DAVAO CITY  
DATE : JULY 26-30, 2023

## PERSONAL DATA :

- Name \_\_\_\_\_  
Last Middle First
- Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_  
Day/Month/Year
- Home Address \_\_\_\_\_ Tel. No. \_\_\_\_\_
- School Office \_\_\_\_\_
- Person to notify in case of Emergency:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No. \_\_\_\_\_
- Religious Affiliation \_\_\_\_\_
- Food Prohibition \_\_\_\_\_
- Areas of Interest and Hobbies (specify)  
Teach Lead Others  
\_\_\_\_\_  
\_\_\_\_\_

## SCOUTING DATA :

- Position in Scouting :  
Troop \_\_\_\_\_ Age Level & Troop No. \_\_\_\_\_  
District \_\_\_\_\_  
Council \_\_\_\_\_  
Others \_\_\_\_\_
- Date of Last Registration \_\_\_\_\_ Registration Form Serial No. \_\_\_\_\_
- No. of Years in Scouting : As a Girl \_\_\_\_\_  
As an Adult \_\_\_\_\_
- Scouting Qualifications :  
Training Credentialed : \_\_\_\_\_  
Camping Qualification Earned \_\_\_\_\_ Date Earned \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Scouting / Events / Training Activities Participated in:  
Events/Activities Nature of Participation Level  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature

Endorsed :

CHRISTY B. DAMASCO  
Council Executive

Date

Approved :

LINA AGNES O. EDUAVE  
Council President

Date

GIRL SCOUTS OF THE PHILIPPINES  
EASTERN MINDANAO REGION  
TORIL, DAVAO CITY

**APPLICATION FORM FOR GIRLS**

Council : BUKIDNON Region: EASTERN MINDANAO  
EVENT : 60<sup>TH</sup> ALANO DIAMOND JUBILEE CAMP  
PLACE : ALANO REGIONAL PROGRAM & TRAINING CENTER, TORIL DAVAO CITY  
DATE : JULY 26-30, 2023

**PERSONAL DATA :**

- Name \_\_\_\_\_  
Last Middle First
- Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_
- Home Address : \_\_\_\_\_ Tel. No. \_\_\_\_\_
- School Address: \_\_\_\_\_ Year \_\_\_\_\_
- Parents/Guardian: \_\_\_\_\_
- Person to notify in case of Emergency:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No. \_\_\_\_\_
- Special Interest/Hobbies : \_\_\_\_\_
- Religious Affiliation : \_\_\_\_\_
- Food Prohibition : \_\_\_\_\_
- Special Awards/Recognition Received: \_\_\_\_\_

**SCOUTING DATA:**

- Age level \_\_\_\_\_ Troop No. \_\_\_\_\_ Troop Leader \_\_\_\_\_
- Date of Last Registration \_\_\_\_\_ Registration Form Serial No. \_\_\_\_\_
- Scouting Experience:

	No. of Years	Eight Point Challenge Badges Earned	Council/Regional/National Events Participated
Twinkler	_____	_____	_____
Star	_____	_____	_____
Junior	_____	_____	_____
Senior	_____	_____	_____

**Latest Council/National/Regional/International Events Participated:**

Events	Date
_____	_____
_____	_____

**Scouting Awards Received:**

\* AFFILIATION WITH OTHER ORGANIZATIONS OTHER THAN GSP/LOCAL ASSOCIATION OF GUIDES/SCOUTS.

Name of Organization	Position	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature of Applicants

Noted:

\_\_\_\_\_  
Troop Leader

Endorsed by:

LINA AGNES O. EDUAVE  
Council President

\_\_\_\_\_  
Date

GIRL SCOUTS OF THE PHILIPPINES  
EASTERN MINDANAO REGION  
TORIL, DAVAO CITY

Council : BUKIDNON  
Region : EASTERN MINDANAO

**HEALTH EXAMINATION FORM**

Name \_\_\_\_\_ Nationality \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Husband/Wife \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
In case of Emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

=====

**PAST PERSONAL HISTORY**  
(TO BE FILLED OUT BY THE PARTICIPANT BEFORE PRESENTATION TO THE PHYSICIAN)

1. Illness suffered: \_\_\_\_\_  
\_\_\_\_\_
  2. Previous accidents and/or injury : \_\_\_\_\_  
\_\_\_\_\_
  3. Surgical operation/s, if any : \_\_\_\_\_  
\_\_\_\_\_
  4. Allergy (drugs, food or materials, etc.) \_\_\_\_\_  
\_\_\_\_\_
  5. Immunizations (Give kind and date) \_\_\_\_\_  
\_\_\_\_\_
- Blood Type \_\_\_\_\_

=====

Suggestions:  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|  
\_\_\_\_\_|

In case of emergency, I hereby give permission to the Physician selected by the Training Coordinator to give proper treatment, order injections, hospitalize, give anaesthesia or perform surgery for me.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**PHYSICAL EXAMINATION (TO BE FILLED OUT BY A LICENSED PHYSICIAN)**

NOTE: Please indicate if NORMAL, otherwise, write your remarks for the abnormalities noted.

Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Skin \_\_\_\_\_  
Head \_\_\_\_\_  
Eyes \_\_\_\_\_

With Glasses:

Right \_\_\_\_\_ Left \_\_\_\_\_

Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Teeth \_\_\_\_\_  
Neck \_\_\_\_\_  
Throat \_\_\_\_\_  
Thorax \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_  
Genitalia \_\_\_\_\_  
Hernia (IF PRESENT) \_\_\_\_\_

Blood Pressure \_\_\_\_\_  
Circulatory System \_\_\_\_\_  
Nervous System \_\_\_\_\_  
Loco-motor System \_\_\_\_\_

**Laboratory Examinations**

ECG \_\_\_\_\_  
Chest X-Ray \_\_\_\_\_  
Blood Analysis \_\_\_\_\_  
Urinalysis \_\_\_\_\_

**Immunization**

Small Pox \_\_\_\_\_ Tetanus \_\_\_\_\_  
Cholera \_\_\_\_\_ Polio \_\_\_\_\_  
Hepatitis \_\_\_\_\_ Measles \_\_\_\_\_  
Others \_\_\_\_\_

Menstrual History \_\_\_\_\_  
Allergy (drugs, food, materials) \_\_\_\_\_

RECOMMENDATIONS AND RESTRICTIONS (Diet, medicine, activities, others): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Date

License No. \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_



GIRL SCOUTS OF THE PHILIPPINES  
EASTERN MINDANAO REGION  
TORIL, DAVAO CITY

**PARENT'S CONSENT FORM**

TO WHOM IT MAY CONCERN:

This is to permit my daughter (Name) \_\_\_\_\_ to  
Participate in (Event) 60<sup>th</sup> Alano Diamond Jubilee Camp to be held at  
Alano Regional Program and Training Center, Toril, Davao City on July 26-30, 2023

We will not hold the Girl Scouts of the Philippines responsible for any untoward incidents that may happen beyond their control.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

Noted : \_\_\_\_\_  
Troop Leader

Endorsed by :

LINA AGNES O. EDUAVE  
Council President

\_\_\_\_\_  
Date

Regional Headquarters:

Remarks :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

Recommending approval : \_\_\_\_\_



# GIRL SCOUTS OF THE PHILIPPINES

## 60th Alano Diamond Jubilee Camp

July 28 – 30, 2023

Alano Program & Training Center, Toril, Davao City

Theme: "HOMEWARD BOUND: Girls' Reunion and Gratitude Camp"

### COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

Council:		Region:	
Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Date of Birth:		Age:	
Home Address:		Phone No.:	
Parents/Guardian:			
Person to notify in case of emergency:			
Relationship:			
Address:		Phone No.:	
<b>COVID-19 HEALTH DECLARATION</b>			
<b>COVID-19 Exposure:</b>			
Are you currently experiencing symptoms or have experienced within the last 14 days? Put a Check. (Kasalukuyan ka bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw? Lagyan ng Tsek.)			
<b>Symptoms (Mga Sintomas)</b>	<b>Yes (Oo)</b>	<b>No (Hindi)</b>	
Sore throat (pananakit ng lalamunan/masakit lumunok)			
Shortness of Breath (Hirap sa paghinga)			
Body Pains (Pananakit ng katawan)			
Headache (Pananakit ng ulo)			
Fever for the past few days (Lagnat sa mga nakalipas na araw)			
Loss of taste or smell (Pagkawala ng panlasa o pang-amoy)			
Cough and/or cold (Ubo at/o sipon)			
Diarrhea (Pagtatae)			
<b>Recent Travel:</b>			
Did you travel outside the Philippines in the last 10 days? Yes _ or No _			
If yes, have you completed the required testing or protocol?			
<b>COVID-19 Vaccination Status:</b>			
Please put a check on your vaccination status and kindly write the brand of your COVID-19 vaccine.			
If unvaccinated, the camper needs to present a negative RT-PCR test result valid within 72 hours before the camp or a negative antigen result valid within 24 hours before the camp.			
<b>Fully Vaccinated with Booster</b>		<b>Fully Vaccinated</b>	<b>Partially Vaccinated</b>
<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>		<b>Unvaccinated</b>

## LIABILITY WAIVER

I hereby acknowledge that the COVID-19 is an extremely contagious disease caused by coronavirus that spreads easily through person-to-person contact. I acknowledge that by attending this camp, I could increase my risk of contracting COVID-19. Further, while traveling to and attending the camp, I may not be able to practice "social distancing" and may be in close proximity with individuals who could potentially be infected with COVID-19.

I hereby voluntarily seek to attend this camp and acknowledge that my actions may increase my risk of exposure to COVID-19. I accept the risk and agree to hold harmless the Girl Scouts of the Philippines, its volunteers and professional staff, from any and all claims that may arise from or relate to my attendance at this event or my use of GSP's facilities, including any claims concerning exposure to COVID-19 and any resulting harm or injury, including permanent disability and death.

I hereby acknowledge and agree that during my attendance at this camp, I will comply with all procedures designed to reduce the spread of COVID-19.

I hereby understand that, by signing this Waiver, I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if I experience symptoms of COVID-19 within 14 days after attending the camp, I will notify GSP at (council/regional/NHQ email address whichever is the camp organizer.)

I hereby acknowledge that I have read the foregoing agreement, understand all its provisions, and sign it voluntarily as my own free act and deed.

\_\_\_\_\_  
Signature of Applicant over Printed Name

Consent given by:

\_\_\_\_\_  
Signature of Parents over Printed Name

Endorsed by:

\_\_\_\_\_  
Signature of Troop Leader over Printed Name

Approved by:

\_\_\_\_\_  
CHRISTY B. DAMASCO  
Signature of Council Executive over Printed Name

\_\_\_\_\_  
LINA AGNES O. EDUAVE  
Signature of Council President over Printed Name

\_\_\_\_\_  
Date

**IMPORTANT!** This form must be received at GSP National Headquarters/Regional/Council whichever is the camp organizer on or before \_\_\_\_\_.



**GIRL SCOUTS OF THE PHILIPPINES**  
Eastern Mindanao Region

May 24, 2023

**DR. ARTURO B. BAYOCOT, CESO III**  
Regional Director  
Department of Education Region X  
Cagayan de Oro City

Dear Dr. Bayocot:

Greetings!

The Girl Scouts of the Philippines, Eastern Mindanao Region is delighted to conduct the **60<sup>th</sup> Alano Diamond Jubilee Camp and Troop Leaders Adventure Camp** on July 26-30, 2023 at Alano RPTC, Toril, Davao City.

This massive comeback is a tremendous challenge for us, and everyone is looking forward to their first post-pandemic, in-person big event. They crave and gratefully await the opportunity to be together again. This event, we feel, will be an important step toward creating a more equitable and welcoming society in which women and girls are empowered to fulfill their goals and objectives.

**Important details are as follows:**

**What :** 60th Alano Diamond Jubilee Camp and Troop Leaders Adventure Camp

**When :** July 26 – 30, 2023

**Where :** Alano Program & Training Center, Toril, Davao City *(for the Girls)*  
Camp Corazon Bangkas Height Toril, Davao City *(for the Senior and  
Cadet Troop Leaders)*

**Theme :** "HOMEWARD BOUND: Girls' Reunion and Gratitude Camp"

**Registration Fee:** Php 2,500.00 per delegate  
*(to cover food, camp souvenirs, fare and entrance during offsite adventures,  
program and required activity materials)*

**Offsite Activity:** Eden Nature Park Toril, Davao City on July 27-28, 2023

**Participants:** Junior, Senior/Cadet Girl Scouts Minimum of 50 delegates per council, and 10 delegates per council for Troop Leader, no limit to the maximum.

As DepEd's strong partner in the development of the girls' values and life skills, may we then ask for your endorsement and approval for the attendance of the Troop Leaders and Senior/Cadet Girl Scouts who are qualified to attend the Camp.

Further, it is also our humble request that service credits be given to Troop Leaders upon completion of the course and presentation of their Training Certificates.

We remain to be committed in our mission and to partner with your agency in every undertaking our services are needed.

Thank you for your constant support to GSP Eastern Mindanao and to the whole movement as well.

More power and God bless in all your endeavors.

Very sincerely yours,

  
**PERCIANITA G. RACHO**  
Regional Chairperson

  
**MALLET Y. AROBO**  
Regional Executive Director

Endorsed and Approved:

  
**DR. ARTURO S. BAYOCOT, CESO III**  
Regional Director, DepEd X