



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

559

Office of the Schools Division
Superintendent

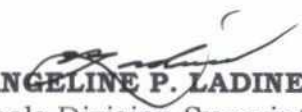
NOV 03 2023

MEMORANDUM

INVITATION TO THE 25TH INTERNATIONAL ADVENTURE PROGRAMME

To: OIC-Assistant Schools Division Superintendent/
Chief Education Supervisor, School Governance and Operations Division
Chief Education Supervisor, Curriculum Implementation Division
Public and Private Elementary and Secondary School Heads/OICs
All Others Concerned

1. Attached is Regional Memorandum No. 1054, s. 2023, dated October 11, 2023, on the above-captioned title, the contents of which are self-explanatory, for the information and guidance of all concerned.
2. Participation to the said event shall be on a voluntary basis and parents' consent forms must be secured by learner participants.
3. Moreover, the participation of public and private schools shall be subject to the no disruption of classes policy stipulated in DepEd Order No. 9, s. 2005 titled, Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith.
4. Immediate and wide dissemination of this Memorandum is desired.


EVANGELINE P. LADINES CESO V
Schools Division Superintendent

Enclosure: As stated
References: None
To be indicated in the Perpetual Index
under the following subjects:

SCOUTING

KSJT/ INVITATION TO THE 25TH INTERNATIONAL ADVENTURE PROGRAMME
361 / OCTOBER 25, 2023

UN-2023-361

4955 ASPR

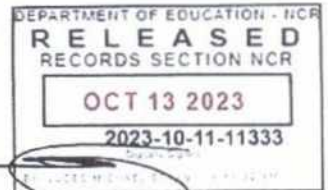
361



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
8805-9935, 8805-9940
sdo.muntinlupa@gmail.com
deped-muntinlupa.com

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Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

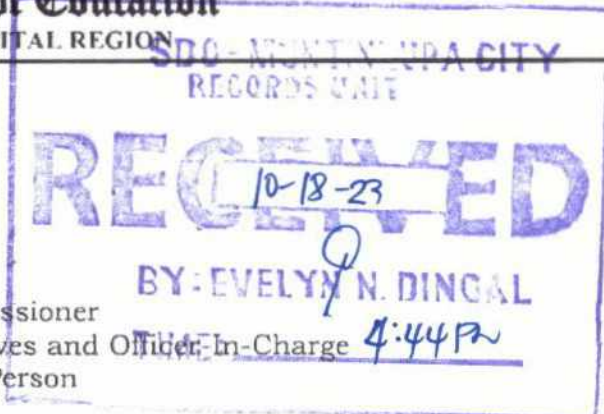
REGIONAL MEMORANDUM
ORD-2023-1054

TO : Regional Scout Commissioner
Council Scout Executives and Officer-In-Charge
Regional Scout Focal Person
All Others Concerned

FROM :  **WILFREDO E. CABRAL, CESO III**
Regional Director

SUBJECT : INVITATION TO THE 25TH INTERNATIONAL ADVENTURE PROGRAMME

DATE : October 11, 2023



1. Attached is National Office Memorandum No. 63, s. 2023, dated September 27, 2023, from **Diosdado M. San Antonio**, Officer-In-Charge, Office of the Secretary General, Boy Scout of the Philippines (BSP) contents of which are self-explanatory for information and appropriate action.
2. Particular attention is invited to paragraphs 1, 2, 3, 4, 5, and Enclosures of the said Memorandum for reference.
3. Immediate dissemination of this Memorandum is enjoined.



Misamis St., Bago Bantay, Quezon City
Email Address: ncr@deped.gov.ph
Website: <http://www.depedncr.com.ph>

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Effectivity	01.26.23	Page	1 of 1



Boy Scouts of the Philippines

National Office

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E-mail: bsp@scouts.org.ph

(632) 528-05-55 / (632) 527-51-09 / (632) 527-83-17 to 20 / Fax: (632) 528-05-77

27 September 2023

NATIONAL OFFICE MEMORANDUM

NO: 63 Series of 2023

TO : National Office Staff, Executives and Directors
Regional Office Staff, Executives and Directors
Council Scout Executives and Officers-In-Charge

SUBJECT : INVITATION TO THE 25TH INTERNATIONAL ADVENTURE PROGRAMME

1. The Boy Scouts of the Philippines is pleased to announce the invitation from the Bharat Scouts and Guides India, the **25TH INTERNATIONAL ADVENTURE PROGRAMME**, which will be held on National Adventure Institute, Pachmarhi, Madhya Pradesh, India on 02 – 08 February 2024.
2. The event is open to all registered Scouts and Leaders (Boy Scout, Senior Scout, Rovers and Leaders) ages from 12 to 55 years old, male and female, physically fit as certified by a licensed physician.
3. The Camp Fee is \$ 150.00 USD, which includes inland transportation, food, event souvenirs, accommodation, medical assistance, programme and other administrative expenses during the programme.
4. Enclosed herewith are the following:
 1. Official Programme Reply Slip
 2. Travel Plan
 3. Application Form for Overseas Participants
 4. Medical Certificate for Overseas Participants
 5. Programme Brochure for More Information
5. Should you have further clarifications, you refer them directly to **MR. CARMELO B. FRANCIA**, International Affairs Officer at (02) 8527-8317 to 19 loc. 518 or via email at carmelobfrancia@gmail.com.
6. For information, guidance, widest dissemination and appropriate action.

DIOSDADO M. SAN ANTONIO

Officer-In-Charge

Office of the Secretary General



25th International Adventure Programme
Bharat Scouts and Guides, INDIA
02 to 08 February 2024
REPLY SLIP



National Scout Organization _____

The following Scouts/ Leader from our Scout Association will participate in the 25th International Adventure Programme.

Sl. No	Name	Position in Scouting	Gender	Age	Email ID	Mobile No.	Any Dietary Restriction

Remarks (if any)

Printed
Name:

Designation:

Signature:

Date:

Please send this reply slip not later than **15th January, 2024** to:

Mr. Raj Kumar Kaushik

Director

The Bharat Scouts and Guides, INDIA

Tel.No: + 91-11-23370724, 23378667

Fax No: + 91-11-23370126

Mobile: + 91- 8010282722

Email: info@bsgindia.org, director@bsgindia.org, jks@bsgindia.org



THE BHARAT SCOUTS AND GUIDES

Creating - Better India

National Headquarters,

Lakshmi Mazumdar Bhawan, 16 M.G. Marg, I.P. Estate, New Delhi - 110002

25th International Adventure Programme

02-08 February, 2024 at

The Bharat Scouts and Guides National Adventure Institute, Pachmarhi, Madhya Pradesh, India

TRAVEL PLAN

This slip is to be submitted before 15/01/2024

at info@bsgindia.org; jds@bsgindia.org

Name of the NSO	
Country	
Email Address	
Name of the Contingent Leader with Contact/WhatsApp number & Email Address	
No. of Participants accompanying with Contingent Leader	

Date of Arrival		Place of Arrival:	
Flight Details	Date:	Flight No.	Time:
Date of Departure			
Flight Details	Date:	Flight No.	Time:

Place:

Date:

Signature

Name:

Position in the NSO:



THE BHARAT SCOUTS AND GUIDES

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PHONE NO. +91 - 07578 - 292350

Email: nal@bsgindia.org; ntc@bsgindia.org

APPLICATION FORM FOR OVERSEAS PARTICIPANT FOR 25th INTERNATIONAL ADVENTURE PROGRAMME 02 - 08 February, 2024

Photo
3x3cm

1. Name of the Applicant (In Capital) : _____
2. Father's Name : _____
3. Name of the Country : _____
4. Home Address (In Capital) : _____

Country Zip Code _____
5. Telephone/Mobile No. _____ E-mail _____
6. Date of Birth _____ Age in years _____
7. Experience in Scouting /Guiding : _____
8. Experience in Adventure Activities : _____
9. Have you attended any International Event _____
If so, give details _____
10. Vegetarian or Non-Vegetarian : _____
11. Special Hobbies or any other information : _____

Signature of the Applicant

DECLARATION

I agree to adhere to the discipline of the movement and programme in particular and abide by the rules and regulations of the Institute during the whole event.

In case of any accident, illness or injury, I will not hold the National Adventure Institute of Bharat Scouts & Guides responsible at all.

I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health & physically fit to undergo the Adventure Programme.

Signature of the Applicant

For office use

Selected/Not Selected

Programme Incharge _____

Camp Fee Rs _____

R.N. _____

Date _____

Signature



THE BHARAT SCOUTS AND GUIDES

Creating - Better India

PHONE NO. +91 - 07578 - 292350

Email: nai@bsgindia.org; ntc@bsgindia.org

MEDICAL CERTIFICATE FOR OVERSEAS PARTICIPANT

FOR- 25th INTERNATIONAL ADVENTURE PROGRAMME

02 - 08 February, 2024

Name _____

Name of Country _____

Address _____

Date of Birth _____ Single/Married _____

1. Present/Past illness of Significance _____

2. Injuries / operations undergone and present condition _____

3. Any known allergy to drugs or food stuff _____

4. Blood Group : _____

5. Is the Applicant Suffering from

(i) Any Infectious disease Yes/No

(ii) Any Skin disease Yes/No

(iii) Mental disease Yes/No

(iv) Heart Trouble Yes/No

(v) Asthmatic Yes/No

(vi) Any other disease/defect Yes/No

6. I, on this date _____ have examined Mr./Miss _____ and found Him/Her medically fit/unfit to undergo an Adventure Programme in mountains

Medical Officer
Registration Number & Designation

Date _____

Office Seal

RISK CERTIFICATE

(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)

It is certified that my son/daughter / ward Mr./Miss _____ is joining the above mentioned Adventure Programme with my consent and the organizer shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/she is physically fit to undergo the said rigorous programme.

Signature of Parent/Guardian

Relationship with participant _____

Name _____

Address _____

Mobile No _____