

DepEd - DIVISION OF QUEZON

Sitio Fori, Brgy. Talipan, Pagbilao, Quezon Cell # 09175824627 or at www.depedquezon.com.ph "Creating Possibilities, Inspiring Innovations"



UNNUMBERED MEMORANDUM

TO:

Public Schools District Supervisors

Coordinating Principals

Elementary and Secondary School Heads, OICs/TIC

All Others Concerned

FROM:

MERTHEL M. EVARDOME, CESO VI

Schools Division Superintendent

SUBJECT:

San Cristobal Area Compact

DATE:

July 23, 2019

The Boy Scouts of the Philippines Quezon Council announces the conduct of San Cristobal Area Compact on August 31, 2019 at Lutucan National High School, Sariaya, Quezon.

For more information please see attached Council Memorandum.

DEPED - QUEZON ICT UNIT UPLOADED Date/Time: 3-26-19

sdsacc07/23/2019

DEPEDQUEZON-TM-SDS-04-010-001

Email address: quezon@deped.gov.ph



Boy Scouts of the Philippines QUEZON COUNCIL

Perez Street, 4301 Lucena City Telefax No. (042) 710 - 2488

Email Address: quezonbsp@yahoo.com



July 15, 2019

COUNCIL OFFICE MEMORANDUM

Number 32,

2019

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ALL MSC CHAIRMEN, DISTRICT SCOUT COMMISSIONERS, INSTITUTIONAL HEADS, DISTRICT TROOP LEADERS, INSTITUTIONAL REPRESENTATIVES

AND UNIT LEADERS

SUBJECT:

SAN CRISTOBAL AREA COMPACT

(Center of Outdoor Magnitude of Patrol And Crew in Tandem)

(Sariaya, Candelaria, Tiaong, San Antonio and Dolores)

1. For the information and guidance of all concerned, the Boy Scouts of the Philippines, Quezon Council will conduct SAN CRISTOBAL AREA COMPACT on August 31, 2019 (Saturday) at Lutucan National High School, Sariaya, Quezon.

2. The new and varied features of this activity are designed to give the maximum number of Boy and Senior Scouts the opportunity to experience exciting and advancement-oriented activities. This would also refresh them of the "PATROL SYSTEM" concepts as they go through various stations and events which are all non-competitive.

3. WHO CAN ATTEND:

- 3.1. Currently registered Boy and Senior Scouts. HOWEVER, pupils/students who are interested but are not yet registered can also attend but shall pay their membership fee at the venue.
- Currently registered and potential Troop Leaders/Outfit Advisors and other adults.
- 3.3. Parents and guardians. Their activity fee is optional.
- 4. ACTIVITY FEE: An activity fee of ONE HUNDRED SEVENTY FIVE PESOS ONLY (Php 175.00) shall be charged each participant to cover costs of ID, certificate, activity materials and other administrative expenses.
- ADVANCED REGISTRATION can be remitted to the host school or to the Quezon Council, BSP. ON SITE REGISTRATION is highly discouraged.
- **6. DELEGATION REQUIREMENTS**: Contingents are expected to manage their own funding requirements, packed lunch, transportation requirements to and from the activity site and other personal belonging.
- 7. All participants must be at the venue on or before 7:30 a.m., already attired for the opening ceremonies.
- 8. For widest information dissemination to ensure desired results.

JOEL R. AVILLEDO, Ph.D. Council Scout Executive

APPROVED:

MERTHEL M. EVARDOME, Ed.D., CESO VI Schools Division Superintende

& Council Scout Commissioner

NOTE: Please send your list of participants to Quezon BSP Office, thru fax at (042) 710-2488 or thru email/facebook at quezonbsp@yahoo.com. not later than August 26.

Encl: COMPACT Features

ANNEX C: Parents Permit



Boy Scouts of the Philippines QUEZON COUNCIL

Perez Street, 4301 Lucena City Telefax No. (042) 710 – 2488

Email Address: quezonbsp@yahoo.com

COMPACT FEATURES

Advancement KEYS (Knowledge Exclusive for Youth in Scouting)

EXPLORER/2ND CLASS RANK: Water Relay

PATHFINDER/1st CLASS RANK: Charade activity
OUTDOORSMAN RANK : Swim Mo Relay

VENTURER RANK : Picture Mo Ko

EAGLE RANK : Paint me up...collect &

collect then select..

Better World Framework

SCOUTS GO SOLAR (SGS)
SCOUTS OF THE WORLD AWARD (SWA)
WORLD SCOUT ENVIRONMENT PROGRAM (WSEP)
MESSENGERS OF PEACE (MoP)

Skills Challenge/Relay

BANDAGING COMPASS WORK 2-WAY RADIO OPERATION TRANSFER

Team Attack

BLOWING CUP TAKE OFF THE SHIRT SQUEEZE THEN SHOOT SWING & FLY

Voice Clip

Conduct of Off-Campus Activities Name of Learner: Date of Birth: Sex: Parent's/Guardian's Name: Relationship to Learner: Home Address: Contact Number/s: Title of the Activity: _SAN CRISTOBAL AREA COMPACT 2019 Venue: LUTUCAN NATIONAL HIGH SCH. Date of Activity: _AUGUST 31, 2019 As the parent / guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the off-campus activity and voluntarily and freely elect to participate in this off-campus activity. Furthermore, I understand the risks associated with an off-campus activity and agree that the rules and regulations established for the said activity are for the safety and security of the participants, and thus agree to instruct my child or children to obey them. Having understood all the aforementioned, I hereby consent to allow my child or children to participate, acknowledging all of the foregoing. I am also solely responsible for providing travel insurance and any expenses for my child or children's participation in the activity. Parent/Guardian's Name and Signature ANNEX C: PARENT'S / GUARDIAN'S CONSENT FORM Reference: DepEd Order No. 66, s. 2017 - Implementing Guidelines on the Conduct of Off-Campus Activities Name of Learner: _ Date of Birth: Parent's/Guardian's Name: Relationship to Learner: Home Address: Contact Number/s: Title of the Activity: _ SAN CRISTOBAL AREA COMPACT 2019 Venue: LUTUCAN NATIONAL HIGH SCH. Date of Activity: _AUGUST 31, 2019 As the parent / guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the off-campus activity and voluntarily and freely elect to participate in this off-campus activity. Furthermore, I understand the risks associated with an off-campus activity and agree that the rules and regulations established for the said activity are for the safety and security of the participants, and thus agree to instruct my child or children to obey them. Having understood all the aforementioned, I hereby consent to allow my child or children to participate, acknowledging all of the foregoing. I am also solely responsible for providing travel insurance and any expenses for my child or children's participation in the activity. Parent/Guardian's Name and Date

Signature

ANNEX C: PARENT'S / GUARDIAN'S CONSENT FORM

Reference: DepEd Order No. 66, s. 2017 - Implementing Guidelines on the