



Republic of the Philippines
 Department of Education
 Region X
 DIVISION OF EL SALVADOR CITY



Zone 3, Poblacion, El Salvador City
 Telefax No: (088) 555-0475 | Email Address: elsalvador.city@deped.gov.ph | Website: depedelsalvadorcity.net

DIVISION MEMORANDUM

No. 010, s. 2019

To: Division Chiefs
 Education Program Supervisor
 School Heads, Elementary Schools
 This Division

From: **JESNAR DEMS S. TORRES, Ph.D., CESE**
 OIC - Schools Division Superintendent 

Subject: 1st A Happy MisOr Kawan Holiday and KAB Olympics

Date: January 15, 2019

1. In consonance with DepEd Order No. 76, s. 2012 re: revitalizing the Scouting Movement in the entire country, we are pleased to announce the Conduct of the 1st A Happy MisOr Kawan Holiday and KAB Olympics with the Theme: “Tamang Pagsasanay at Mabuting sal Para sa Masayang MisOr” on the following schedules:

Date	Area/City/Districts	Venue
February 22-23, 2019	El Salvador City Districts from Opol to Lugait.	Initao Central School, Initao, Misamis Oriental.

2. The Kawan Holiday and KAB Olympics aim to provide meaningful activities and avenue to showcase the knowledge and skills of KAB Scouts. It also seeks to inculcate values such as discipline, self-control, efficiency, teamwork and leadership while engaging with fellow Scouts in friendly competition in Scouting games and the BSP Peace initiative.

3. The qualifications for participation are as follows:
- currently registered to the Boy Scout of the Philippines as KAB Scout;
 - physically fit as certified by a physician; and,
 - have parent’s permit.



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4. A registration of TWO HUNDRED FIFTY PESOS (Php 250.00) will be charged each participant to cover expenses for souvenir item/s, certificate, ID, administrative cost, activity materials and other operational expenses.
5. Considering the nature of the activity, contingents of each Scouting district/institution must provide their own food and other basic requirements that will be sufficient throughout the whole duration of the event.
6. Activity expenses may be charged to Local Funds or Local School Board Funds/Other funds subject to the approval of the Local Chief Executive and to the usual accounting and auditing rules and regulations or personal funds.
7. District Scouting Committees are encouraged to create respective KAB Holiday Committee and promote the activity in all schools to ensure maximum participation.
8. Adult/Kawan Leaders who will serve as Activity Officers and Scouts chaperons shall be given service credits pursuant to the guidelines stipulated in DepEd Order No. 53, s. 2003 entitled, Updated Guidelines on the Grant of Vacation Service Credits to Teachers.
9. For more information please contact, Jeffrey M. Martinez, *AO V* – 09366874898.
10. Attached are the Participants' Application and Pre-Registration Forms.
11. Wide and immediate dissemination of this Memorandum is enjoined.



BOY SCOUTS OF THE PHILIPPINES
Eastern Mindanao Region
MISAMIS ORIENTAL COUNCIL
Cagayan de Oro City



December 20, 2018

JESNAR DEMS S. TORRES, Ph.D., CESE
Schools Division Superintendent
City Scout Commissioner
BSP-Misamis Oriental Council
Cagayan de Oro City

Dear Superintendent Torres:

Best Scouting Greetings!

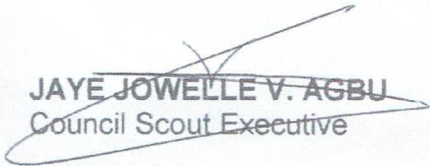
Please accept our deep appreciation for the support to the youth development programs through the Boy Scouts of the Philippines.

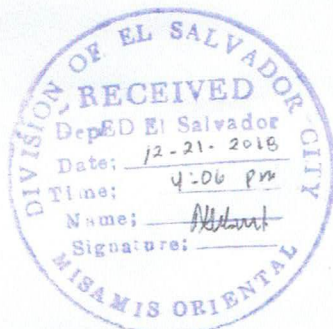
We are respectfully forwarding Council Memorandum No. 12 s. 2018 re: 1st A Happy MisOr Kawan Holiday and KAB Olympics for your most generous consideration, approval and signature.

As such, we would like to humbly request for endorsement of this undertaking thru a Division Memorandum to get support from the various schools/districts in the Province.

Thank you very much and God Bless!

Respectfully yours,


JAYE JOWELLE V. AGBU
Council Scout Executive





APPLICATION FORM FOR PARTICIPANTS

PERSONAL DETAILS

Name: _____
Date of Birth _____ Place of Birth: _____
Father's Name: _____ Mother's Name _____
School: _____ Mobile No. _____
Special Skills: _____

Applicant's signature

PARENTS PERMIT:

I HEREBY GIVE MY CONCENT FOR MY SON/DAUGHTER _____ to join the _____ District Contingent to the 1st A HAPPY MISOR KAWAN HOLIDAY AND KAB OLYMPICS on _____ at _____

Furthermore, I am not holding the school, District, Council or any of its staff of any liability for any untoward incidents that could happen in the whole duration of the activity that are beyond its control or are considered fortuitous in nature.

Parent's/Guardian Signature over printed name

Date

HEALTH DETAILS

Name: _____

Special Health Problem (Do you have illness of the following)

Heart Disease Hay Fever Diabetic Hypertension
 Hemophilia Asthma Epileptic Autism

Any Other Allergies _____

Any Physical Disability _____

Recommendation and/or restrictions _____

Physician (Signature over printed name) _____

License No. _____

1ST A HAPPY MISOR KAWAN HOLIDAY AND KAB OLYMPICS

PRE-REGISTRATION FORM

District _____

School _____

Contact Number _____

(Please write legibly and complete all data required)

Sectional Programs	Number of Participants	T-Shirt Size	Amount Paid	Remarks
KID				
KAB				
ADULT				
TOTAL			P	

Complete Name/Designation/Signature of Representative

Payment received by:

- Souvenir Shirt _____
- Event ID/Activity Card _____
- Certificate of Participation _____
- Certificate of Commendation _____
- Certificate of Appearance _____

Released by: _____

Received by:

(Signature over printed name)

(Designation/Contact Number)