

Republic of the Philippines  
Department of Education  
REGION II - CAGAYAN VALLEY

DepEd Regional Office No. 02



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October 11, 2024

REGIONAL MEMORANDUM

No. **393** s. 2024

**PARTICIPATION TO THE 9th BSP NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE**

To: Assistant Regional Director  
Schools Division Superintendents (Council Scout Commissioners)  
Council Chairpersons, Council Scout Executives  
All Others Concerned

1. The **Boy Scouts of the Philippines (BSP)**, **Northeastern Luzon Regional Coordination Office**, **Office Memorandum No. 11 s. 2024** announces the conduct of the **9th BSP Northeastern Luzon Regional Scout Jamboree**, with the theme, **"BSP Elevate @ 88: Futureproofing Scouting for the Next Century and Beyond"** hosted by BSP, Isabela Council, on **19-23 November 2024**, at **Barangay Rang-Ayan, City of Ilagan, Isabela**.

2. The Scout Jamboree aims to empower and develop young people to attain its full potential and capabilities with proper knowledge, skills, values, and attitude anchored to the principles and ideals of scouting.

3. Attached is the **BSP NELR Regional Office Memorandum No. 11, s. 2024**, for your perusal.

4. For inquiries and other concerns, please contact the **Youth Development Officer III**, Deputy Cluster Head, Northern Luzon Cluster, **Ryan S. De Asis** through email [nelrco@scouts.gov.ph](mailto:nelrco@scouts.gov.ph) or (078) 246 - 0521.

5. You are also requested to submit the authenticated copy of the list of DepEd qualified participants via email at [ca.losr.bergonia@deped.gov.ph](mailto:ca.losr.bergonia@deped.gov.ph) not later than November 15, 2024.

6. All expenses, incurred by the participants shall be charged against the local funds/MOOE/SEF subject to its availability and to the usual accounting and auditing rules and regulations.

7. Immediate and wide dissemination of this Memorandum is desired.



ORD/bdp/csbjr2024

**BENJAMIN D. PARAGAS PhD, CESO III**  
Director IV/Regional Director  
BSP Regional Scout Commissioner



Address: Regional Government Center, Carig Sur, Tuguegarao City, 3500  
Telephone Nos.: (078) 304-3855; (078) 396-9728  
Email Address: [region2@deped.gov.ph](mailto:region2@deped.gov.ph)  
Website: [region2.deped.gov.ph](http://region2.deped.gov.ph)

ADVISORY		Date: 10-21-24	Released (Records):
To: <input checked="" type="checkbox"/> PSDS/DICs	<input checked="" type="checkbox"/> Elem/Sec School Heads		
<input type="checkbox"/> Private Schools	<input type="checkbox"/> Others:		
For: <input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Dissemination		
<input checked="" type="checkbox"/> Guidance	<input type="checkbox"/> Strict Compliance		
<b>ORLANDO E. MANUEL PhD., CESO V</b> Office of the Schools Division Superintendent			
By: <input type="checkbox"/> ASDS	<input type="checkbox"/> CID Chief	<input type="checkbox"/> SGOD Chief	<input type="checkbox"/> AO <input type="checkbox"/> Atty.

10 - 2024 - 346



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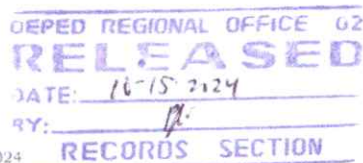
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# BOY SCOUTS OF THE PHILIPPINES

North Eastern Luzon Regional Coordination Office - No. 28 Governor Pack Road, Baguio City  
(074) 246-0521  
nelrco@scouts.gov.ph  
www.scouts.gov.ph

"Laging Handa"

07 October 2024

## REGIONAL OFFICE MEMORANDUM No. 11 s.2024

TO : COUNCIL SCOUT EXECUTIVES/ OFFICERS-IN-CHARGE  
SUBJECT : 9<sup>TH</sup> BSP NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE

1. This is to announce the conduct of the **9<sup>TH</sup> BSP NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE** to be held at **Brgy. Rang-Ayan, City of Ilagan, Isabela** on **19-23 November 2024** hosted by BSP, Isabela Council, with the theme, "BSP Elevate @ 88: Futureproofing Scouting for the Next Century and Beyond".
2. Known as "Mother of all Activities" in a Scout's life, guided by the educational principle of "learning by doing," this Scout Jamboree primarily aims to empower and develop young people to attain its full potential and capabilities with proper knowledge, skills, values, and attitude anchored to the principles and ideals of scouting.

### 3. QUALIFICATIONS of PARTICIPATION

#### a) SCOUTS

- i. Must be a registered Boy Scout (aged 9-12 years old) or Senior Scout (aged 13-18 years old) of the Boy Scouts of the Philippines.
- ii. Physically fit to undergo outdoor activities as certified by the licensed physician.
- iii. With written parent's/guardian's consent of participation.
- iv. With own camping gears/equipment.

#### b) ADULT LEADERS

- i. Must be a registered Troop Leader or Outfit Advisor of the Boy Scouts of the Philippines.
- ii. Physically fit as certified by the licensed physician.
- iii. Preferably at least a graduate of Basic Training Course.
- iv. Must be of good moral character.
- v. With own camping gears/ equipment.

#### c) REGIONAL SERVICE TEAM

- i. Must be currently registered in the Boy Scouts of the Philippines aged between 18-55 years old.
- ii. Must be of good moral character.
- iii. Physically fit and healthy as certified by the licensed physician.
- iv. At least a Wood Badge Holder and has rendered one (1) year scouting service or experience in the council.
- v. With own camping gears/ equipment.
- vi. Must be recommended and endorsed by the Council Scout Executive or Officer-in-Charge.

Interested RST applicants shall accomplish the attached Application Form and submit to the regional office on or before 04 November 2024 (please see Item No. 4 for RST quota allocation).

#### 4. PARTICIPATION QUOTA and RATIO

A ratio of One (1) Adult Leader for every Nine (9) Scouts shall be strictly observed to exercise an efficient and effective Troop or Outfit Management. Total target participants are 5,000 Scouts with an allocation per Local Council set based on the 2023 Scout Membership of the Boy and Senior Scouts, viz:

LOCAL COUNCIL	SCOUTS	RST	LOCAL COUNCIL	SCOUTS	RST
Abra	230	9	Isabela	1,024	41
Baguio City	236	9	Kalinga-Apayao	108	4
Batanes	27	1	Mountain Province	95	4
Benguet	220	9	Nueva Vizcaya	620	25
Cagayan North-TC	1,474	59	Quirino	262	10
Cauayan City Ass.	269	11	Santiago City	407	16
Ifugao	27	1	<b>TOTAL</b>	<b>5,000</b>	<b>200</b>

Each Local Council is also enjoined to organize their **Contingent Management Team (CMT)** using the attached Form to provide overall administration and management of the council's participation to the jamboree.

#### 5. REGISTRATION FEE

A registration fee of **FIVE HUNDRED PESOS (P 500.00)** shall be charged from each participant including the Regional Service Team to defray expenses for program materials, certificates, individual souvenir items, and other related administrative costs during the event.

Remittance and deposit of the registration fees shall be done in **BULK ONLY** by the authorized Council Staff of the concerned Local Council. **NO** individual deposit shall be allowed to properly account the total registrants per council. Please see the official depository bank details below:

Bank : Development Bank of the Philippines  
Account Name : Boy Scouts of the Philippines-Isabela Council  
Account Number : 00-0-01581-540-6  
Type of Account : Current  
Branch : DBP Ilagan

**NO ON-SITE** registration will be entertained. Registration Fee is not refundable but is transferrable. Deposit slips together with the roster of participants should be emailed to [nelrco@scouts.gov.ph](mailto:nelrco@scouts.gov.ph) and to the host council at [bspisabelacouncil68@gmail.com](mailto:bspisabelacouncil68@gmail.com). Deadline of registration fee is on **11 November 2024**.

- EQUIPMENTS AND FOOD PROVISIONS.** Each contingent is required to provide their own camping equipment and gadgets. Other basic requirements and food provisions sufficient for the entire duration of the jamboree should also be the responsibility of each Contingent. Jamboree market will be installed within the camp to ensure food supplies at reasonable prices and other necessities.
- TRAVEL ITINERARIES.** Transportation shall be arranged by each Contingent and the Travel itineraries shall be submitted to the regional office for record and reference purposes. Participants are required to be present at the venue at 0800H of 19 November 2024 and will only be cleared to leave the camp after the Grand Closing Ceremony.

8. For queries and concerns, feel free to contact us at Tel. No. (074) 246-6874 or through CP No. 092772641140 c/o Ms. Rizza Donna A. Balag-ey, YDO I, or to the host, BSP Isabela Council at CP No. 09651381566 c/o OIC Derico G. Laguna.
9. For information and wide dissemination.



**IMELDA S. SAMSON**  
Youth Development Officer V  
Cluster Head, Northern Luzon



**REINALDO A. BAUTISTA, JR.**  
Regional Chairperson

Incl: Roster of Participants  
Participant's Application Form  
Regional Service Team Application Form  
Contingent Management Team Form



## CONTINGENT MANAGEMENT TEAM

Name of Local Council	
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TYPE OF PARTICIPATION	MALE	FEMALE	TOTAL
Boy Scouts			
Senior Scouts			
Adult Leaders			
Contingent Management Team			
Regional Service Team (RST)			
TOTAL PARTICIPANTS			

DESIGNATION	COMPLETE NAME	SCOUTING POSITION
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### GENERAL ADMINISTRATION

CONTINGENT HEAD		
Deputy Contingent Head for Administration		
Deputy Contingent Head for Program		
Deputy Contingent Head for Operations		
Chief of Staff (CSE/OIC)		

### ADMINISTRATION GROUP

Administrative Officer		
Registration and Souvenir		
Logistics and Supply		

### PROGRAM GROUP

Program Officer		
Offsite Activity Officer		
In-Camp Activity Officer		



## OPERATIONS GROUP

Operations Officer		
Health, Sanitation and Safety		
Physical Arrangement		

Prepared By:

Noted By:

\_\_\_\_\_  
Council Scout Executive/ Officer-in-Charge  
(Signature over Printed Name)

\_\_\_\_\_  
Contingent Management Head  
(Signature over Printed Name)

Jamboree Registration Status

Sub-Camp Assignment: \_\_\_\_\_

Status of Payment: \_\_\_\_\_

Sub-Camp Director: \_\_\_\_\_

Posted/Recorded: \_\_\_\_\_

Remarks: \_\_\_\_\_



# APPLICATION for PARTICIPANTS

Name of Institution: \_\_\_\_\_ Name of Council: \_\_\_\_\_

☐ Boy Scout

☐ Senior Scout

☐ Adult Leader

## PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
School/Profession: \_\_\_\_\_ Grade/Level of Education: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Scout Rank/ Honorable Charge: \_\_\_\_\_ Unit/ Outfit No: \_\_\_\_\_  
Special Skills/Qualifications: \_\_\_\_\_

I transmit herewith P 500.00 as Full Payment of my Registration Fee.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT'S/ GUARDIAN CONSENT

(For the application of Minor Age)

We hereby approve this application and certify to its correctness. In consideration of the benefits to be derived, we expressively waive any and all claims against Boy Scouts of the Philippines, Northeastern Luzon RCO or its representatives on account of any incident or injury or damage to personal property that may occur beyond the control of the Contingent Officials/BSP provided adequate safety measures and precautions have been instituted in participation to the 9<sup>th</sup> Northeastern Luzon Regional Scout Jamboree.

Signature over Printed Name of Parent/ Guardian \_\_\_\_\_

Date \_\_\_\_\_

Contact Person in case of emergency/ Relationship/ Contact No. \_\_\_\_\_

## LOCAL COUNCIL ENDORSEMENT

Name of Local Council: \_\_\_\_\_

Name of Person Authorizing this Application: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Person Authorizing this Application: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH DETAILS

\_\_\_\_\_ Heart Disease \_\_\_\_\_ Hay Fever \_\_\_\_\_ Diabetic \_\_\_\_\_ Hypertension \_\_\_\_\_ Fainting  
\_\_\_\_\_ Hemophilia \_\_\_\_\_ Asthma \_\_\_\_\_ Epileptic \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Autism

Any other Allergies: \_\_\_\_\_

Any physical disability: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Recommendation and/or restrictions (If none, so state): \_\_\_\_\_

Licensed Physician (Signature over printed Name) \_\_\_\_\_

License Number: \_\_\_\_\_



9<sup>th</sup> Northeastern Luzon Regional Scout Jamboree  
19-23 November 2024 • Isabela Province



## APPLICATION FORM for the REGIONAL SERVICE TEAM

Name of Institution: \_\_\_\_\_ Name of Council: \_\_\_\_\_  
Position in Scouting: \_\_\_\_\_ Honorable Charge: \_\_\_\_\_

### PERSONAL DETAILS:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_  
School/Profession: \_\_\_\_\_ Level of Education: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

### LANGUAGE SKILLS: (Please indicate a fluency level)

1. \_\_\_\_\_ Specify: \_\_\_\_\_  
2. \_\_\_\_\_ Specify: \_\_\_\_\_  
3. \_\_\_\_\_ Specify: \_\_\_\_\_

Special Foods (Do you have any special requirement for medical, religious or other reasons?)

Special Foods required: \_\_\_\_\_

Food you must not eat (Please specify): \_\_\_\_\_

Due to (allergy, special diet, etc.): \_\_\_\_\_

### SCOUTING HISTORY (Please complete):

Present Position within the Scout Organization: \_\_\_\_\_

Participation in National Event as: \_\_\_\_\_

Please give us more information about your knowledge/experiences:

<input type="checkbox"/> Peace Education	<input type="checkbox"/> Handicrafts	<input type="checkbox"/> Pioneering	<input type="checkbox"/> Computer	<input type="checkbox"/> Warehouses
<input type="checkbox"/> Administration	<input type="checkbox"/> Photography	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Human Rights	<input type="checkbox"/> Rowing
<input type="checkbox"/> Orienteering	<input type="checkbox"/> Snorkeling	<input type="checkbox"/> Rappelling	<input type="checkbox"/> Run Group Activities	<input type="checkbox"/> Swimming
<input type="checkbox"/> Public Relation	<input type="checkbox"/> Journalism	<input type="checkbox"/> Radio Operator	<input type="checkbox"/> Outdoor Activities	<input type="checkbox"/> First Aid
<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Hiking	<input type="checkbox"/> Music (Instrument)	<input type="checkbox"/> Crowd Management	<input type="checkbox"/> Robotics
<input type="checkbox"/> Health Education	<input type="checkbox"/> Environment	<input type="checkbox"/> Nature Study	<input type="checkbox"/> Exhibit Operation	<input type="checkbox"/> Biking
<input type="checkbox"/> Security	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Religious Activities		

Specific Skills/Qualifications: \_\_\_\_\_

I transmit herewith P 500.00 as full payment of my Registration Fee.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LOCAL COUNCIL ENSORSEMENT:

Name of Local Council: \_\_\_\_\_

Name of Person Authorizing this Application: \_\_\_\_\_ Position: \_\_\_\_\_



9th Northeastern Luzon Regional Scout Jamboree  
19-23 November 2024 • Isabela Province

Signature of Person Authorizing this Application: \_\_\_\_\_ Date: \_\_\_\_\_

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### HEALTH DETAILS

☐ Heart Disease    ☐ Hay Fever    ☐ Diabetic    ☐ Hypertension    ☐ Fainting  
☐ Hemophilia    ☐ Asthma    ☐ Epileptic    ☐ Sleep Walking    ☐ Autism

Any other Allergies: \_\_\_\_\_

Any physical disability: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Recommendation and/or restrictions (If none, so state) : \_\_\_\_\_

\_\_\_\_\_  
Licensed Physician (Signature over printed Name)

License Number: \_\_\_\_\_



## ROSTER of PARTICIPANTS

Sponsoring Institution	
Address	
Local Council	

No.	Description	Complete Name (Family, Given, MI)	Age	Gender	Current Rank	Position in the Unit
	Adult Leader					
1	Scout					
2	Scout					
3	Scout					
4	Scout					
5	Scout					
6	Scout					
7	Scout					
8	Scout					
9	Scout					

No.	Description	Complete Name (Family, Given, MI)	Age	Gender	Current Rank	Position in the Unit
	Adult Leader					
1	Scout					
2	Scout					
3	Scout					
4	Scout					
5	Scout					
6	Scout					
7	Scout					
8	Scout					
9	Scout					





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No.	Description	Complete Name (Family, Given, MI)	Age	Gender	Current Rank	Position in the Unit
	Adult Leader					
1	Scout					
2	Scout					
3	Scout					
4	Scout					
5	Scout					
6	Scout					
7	Scout					
8	Scout					
9	Scout					

Prepared By:

Noted By:

\_\_\_\_\_  
Unit Scouting Coordinator  
(Signature over Printed Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Institutional Head/ Representative  
(Signature over Printed Name)

Date: \_\_\_\_\_

Verified and Checked:

\_\_\_\_\_  
Council Scout Executive/ Officer-in-Charge  
(Signature over Printed Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Delegation/Contingent Head  
(Signature over Printed Name)

Date: \_\_\_\_\_

Jamboree Registration Status:

Full Payment: \_\_\_\_\_

OR No.: \_\_\_\_\_

Date: \_\_\_\_\_

Sub-Camp Assignment: \_\_\_\_\_

Sub-Camp Director: \_\_\_\_\_



9th Northeastern Luzon Regional Scout Jamboree  
19-23 November 2024 • Isabela Province