



GIRL SCOUTS OF THE PHILIPPINES

Northern Luzon Region
Ilocos Sur Council

SCHOOLS DIVISION OFFICE
DEPED VIGAN CITY

26 OCT 2026

RECEIVED

COUNCIL CIRCULAR NO. 20
Series of 2025

**TO: DISTRICT COMMISSIONERS
INSTITUTIONAL COMMISSIONERS
DIVISION GS COORDINATOR
FIELD ADVISERS
TROOP LEADERS**

RE: 2026 COUNCIL CAMP
DATE: OCTOBER 26, 2026

In line with the GSP Ilocos Sur Council's commitment to providing meaningful outdoor learning experiences, the Council will be conducting its 2026 Provincial Camps on the following schedules:

Hereunder are the details:

1. PROVINCIAL TWINKLER'S PLAYDAY

Date: November 7, 2026
**Time: 7:00 A.M. – Arrival
5:00 P.M. – Home Sweet Home**
Venue: GSP Headquarters, Vigan City
**Registration Fee: P350.00/Twinkler GS
FREE for Twinkler Troop Leaders**
Participants: Registered Twinkler Girl Scouts

2. SENIOR & CADET PROVINCIAL CAMP

Date: November 20-22, 2026
**Time: 5:00 P.M. – Arrival (November 20, 2026)
5:00 P.M. – Home Sweet Home (November 22, 2026)**
**Venue: Gabriela Silang Girl Scout Campsite,
Banaoang, Bantay, Ilocos Sur**
**Registration Fee: P850.00/Senior & Cadet GS
FREE for Senior & Cadet Troop Leaders**
Participants: Registered Senior & Cadet Girl Scouts

3. 54th JUNIOR PROVINCIAL ADVENTURE

Date: November 13-15, 2026
**Time: 5:00 P.M. – Arrival (November 13, 2026)
5:00 P.M. – Home Sweet Home (November 15, 2026)**
**Venue: Gabriela Silang Girl Scout Campsite,
Banaoang, Bantay, Ilocos Sur**

Registration Fee: **P850.00/Junior GS**
FREE for Junior Troop Leaders
Participants: **Registered Junior Girl Scouts**

4. 55th STAR PROVINCIAL HOLIDAY

Date: **December 05-06, 2026**
Time: **6:00 A.M. – Arrival (December 05, 2026)**
5:00 P.M. – Home Sweet Home (December 06, 2026)
Venue: **GSP Headquarters, Vigan City**
Registration Fee: **P650/Star GS**
FREE for Star Troop Leaders
Participants: **Registered Star Girl Scouts**

This activity will help our young girls become socially responsible, self-reliant, and independent, while providing them the opportunity to progress and earn badges under the 8-Point Challenge Program. Troop leaders and trainers attending the Council Camp are requested to be granted service credits and this shall serve as their official travel order. **Participants in the Senior, Cadet, and Junior categories are strictly requested to register via this link on or before November 06, 2026:**

- <https://tinyurl.com/SENIORCADETCAMP2026>
- <https://tinyurl.com/JUNIORADVENTURECAMP2026>

The prospectus of each provincial camp will follow.

Your active participation in this event will surely contribute to the success of this year's provincial camp.

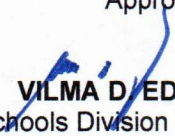
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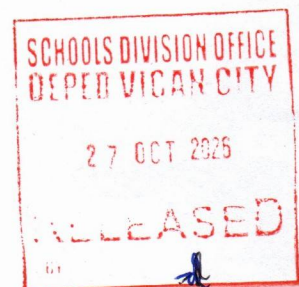

RONAMY ROSARIO-ABLOG
Council Executive

Noted:


EVA MARIE S. MEDINA
Council President

Approved:


VILMA D. EDA, CESO V
Schools Division Superintendent
& GS Commissioner on Administration



APPLICATION FORM

COUNCIL: _____

PERSONAL DATA

1. Name: _____
First Middle Last

2. Date of Birth _____ Age: _____

3. Home Address: _____

4. Tel. No. _____

6. Person to notify in case of emergency: _____

Name: _____

Address: _____

Tel. No.: _____

7. Religious Affiliation: _____

8. Food Prohibition: _____

1. Program Level: _____ Troop No. _____

2. Date of Last Registration: _____

3. Scouting Experiences:

Prov'l/Reg'l/Nat'l/Int'l. Events:

Events

Date

Signature of Applicant

Endorsed by:

Troop Leader

Approved by:

RONAMY ROSARIO-ABLOG

Council Executive

HEALTH EXAMINATION FORM

Name of Hospital/Clinic: _____

Name: _____
First Middle Last

Health History: *(Check giving appropriate dates)*

Frequent Colds: _____

Kidney Trouble: _____

Chickentpox: _____

Abscessed ears: _____

Convulsions: _____

Mumps: _____

Sleep Walking: _____

Whooping Cough: _____

Frequent Sore Throat: _____

Measles: _____

Sinusitis: _____

Heart troubles: _____

Bronchitis: _____

Stomach Upsets: _____

Rheumatic Fever: _____

Constipation: _____

Tuberculosis: _____

Operation or Serious Injuries: _____

Allergic reactions: _____

Penicillin: _____

Other Drugs (Specify) _____

Details of the above or additional information

Any specific activities to be encouraged?

Restriction: _____

Important: Please notify the camp if this applicant is exposed to any communicable diseases three weeks before camp attendance.

Licensed Physician



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PARENT'S CONSENT FORM

I, the undersigned parent/guardian of

from _____, hereby give my full consent for

her to participate in the SENIOR AND CADET PROVINCIAL CAMP 2026 to be held on NOVEMBER 20-22, 2026 at the GSGS Campsite, Banaoang, Bantay, Ilocos Sur.

I have considered the benefits that my daughter will gain from her participation in this activity, with the understanding that the organizers will exercise due care and precaution to ensure her comfort and safety. However, I acknowledge and agree that the council, school, and organizers shall not be held liable for any untoward incident beyond their control that may arise during the activity.

I also grant permission for my daughter to be included in photographs and videos taken during the activity for documentation and official GSP publications, including but not limited to reports, presentations, and social media postings.

I have informed my daughter of the responsibilities she is expected to fulfill as a participant in this event.

Parent/Guardian's Signature Over Printed Name

Date: _____

Contact No.: _____