Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ

Division Advisory No. 008 , s. 2026
February 9, 2026

In compliance with DepEd Order (DO) No. 8, s. 2013
This advisory is issued not for endorsement per DO 28, s. 2001, but only for the information of DepEd Capiz officials, personnel/staff, as well as the concerned public.
(Visit www.deped.gov.ph)

Attached is the Girl Scouts of the Philippines Capiz Council Local Circular No. 09, s. 2026 titled **Council Star Revel 2026** on February 21, 2026.

Participation to this activity is voluntary, with parents' permit on the part of learners, and subject to compliance with DepEd Order No. 012, s. 2025 titled **Multi-Year Implementing Guidelines on the School Calendar and Activities**, DepEd Order 09, s. 2005 titled **Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith**, DepEd Order No. 008, s. 2023 titled **Participation of Teachers in Volunteer Work and Extra Curricular Activities**, DepEd Memorandum No. 041, s. 2024 titled **Reiteration of the "No Collection Policy" in Schools**, and DepEd Order No. 66, s. 2017 titled **Implementing Guidelines on the Conduct of Off-Campus Activities**. The details and overview of this program are attached for reference.

For more information and verification, contact:

SEGUNDINA F. DOLLETE, EdD
Council President
Girl Scouts of the Philippines
Capiz Council

Address: Banica, Roxas City
Contact Number: (036) 6518 456/0968-869-5867
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GIRL SCOUTS OF THE PHILIPPINES
Visayas Region
Capiz Girl Scout Council

Local Circular No. 09
Series 2026

TO: PRINCIPALS/ SCHOOLHEADS/ HEADTEACHERS/ DISTRICT SUPERVISORS/ DISTRICT COMMISSIONERS, ELEMENTARY SCHOOLS, PRINCIPALS/SCHOOL HEADS OF PRIVATE SCHOOLS/UNIVERSITIES/, TROOP LEADERS' REPRESENTATIVE TO THE COUNCIL BOARD, DISTRICT FIELD ADVISERS, PDO - YOUTH FORMATION OF CAPIZ DIVISION SDO & ROXAS CITY SDO, STAR SCOUTS DISTRICT COORDINATORS

RE: COUNCIL STAR REVEL 2026

DATE: FEBRUARY 9, 2026

Dear Sir/Madam,

Greetings!

Please be informed that there will be a **Council Star Revel 2026** on **Saturday, February 21, 2026, 8:00 AM – 5:00 PM** at the Dinggoy Roxas Civic Center, Roxas City.

Registration Fee: A. Five Hundred Pesos (P500.00) per Star Scout and Chaperone
(includes AM/PM Snacks, Lunch, token, program materials and miscellaneous expenses).

B. One Hundred Pesos (P100.00) per Parent/Guardian
(includes AM Snacks, Girl Scout Membership Fee and program materials).

Qualifications: A. Registered Star Scout and Troop Leaders as of January 2026
B. One (1) Adult Chaperone per District/ Private School(s)

Enclosed are the Event Required Forms (for Star Scout) and Brgy. GS Committee Form (for parents) which we expect at the GSP Capiz Council on or before February 16, 2026.

The funds and necessary expenses for this event of participating Adult Leaders and Girls are chargeable from the District's GSP/Local funds.

Thank you very much and God bless you always.

For:

SEGUNDINA F. DOLLETE, EdD
Council President

By:

SHERRY ROVELL C. VILLAR
Council Executive

GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ GIRL SCOUT COUNCIL

STAR REVEL
February 20, 2026

NO.	NAME	SCHOOL/ DISTRICT	SIGNATURE

GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ COUNCIL

APPLICATION FORM
(GIRL)

Event: _____ Date: _____

PERSONAL DATA:
Name:

_____
LAST MIDDLE FIRST

Date of Birth: _____ Age: _____ Home Address: _____
Troop Number: _____ Council: _____ Date of Last Registration: _____
Religious Affiliation: _____ Number of Years in Scouting: _____
Camps/Special Events Attended:

Event	Date
_____	_____
_____	_____
_____	_____
_____	_____

In emergency, notify: _____ Relationship: _____

Address: _____ Telephone Number: _____

PARENT'S CONSENT

This is to certify that I have given full consent for my daughter _____ to participate at the _____ _____.

I have considered the benefits that my daughter will derive from her participation in this activity with the understanding that every precaution is to be taken to ensure her safety.

I shall not hold the Girl Scouts of the Philippines or its representative responsible for any untoward accident that may happen beyond their control. Her physical fitness is assured in a medical examination.

_____ Signed: _____
Date Parent/Guardian

CERTIFICATION & ENDORSEMENT

We hereby certify that the applicant has met all requirements for participation in this event.

_____
Troop Leader

_____ _____
Council President Council Executive

GIRL SCOUTS OF THE PHILIPPINES
NATIONAL HEADQUARTERS
MANILA

HEALTH EXAMINATION FORM

Name _____ Birth Date _____
Surname First Middle

Parent Guardian _____ Phone _____

Home Address _____
Street & Number Town/City Province

In case of emergency notify _____ Phone _____

Address _____

HEALTH HISTORY: (check - giving approximate dates)

Frequent Colds _____ Kidney Trouble _____ Chickenpox _____

Abscessed Ears _____ Convulsion _____ Mumps _____

Fainting _____ Sleep Walking _____ Whooping Cough _____

Frequent Sore Throats _____ Measles _____
Sinusitis _____ Heart Trouble _____
Bronchitis _____ Rheumatic Fever _____

Stomach Upset _____ Athlete's Foot _____

Constipation _____ Tuberculosis _____

Operations or serious injuries _____ Diabetes _____

Allergic Reactions:
Penicillin _____ Other Drugs _____

Details of above or additional information _____

_____

_____

Any specific activites to be encouraged? _____
Restricted? _____

IMPORTANT : Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

Suggestions fron Parent/Guardian

_____ :
_____ :
_____ :
_____ :
_____ :
_____ :
_____ :

_____
in case of Surgical Emergency
I hereby give permission to the physician selected by the camp director to hospitalize, secure prior treatment for, and to order injection, anesthesia or surgery for my daughter as named above.

Signature _____
Date

_____
Examining Physician

GIRL SCOUTS OF THE PHILIPPINES

COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

Council:	**Region:**	
Name:		
Last	*First*	*Middle*
Date of Birth:		**Age:**
Home Address:		**Phone No.:**
Parents/Guardian:		
Person to notify in case of emergency:		
Relationship:		
Address:		**Phone No.:**

COVID-19 HEALTH DECLARATION

COVID-19 Exposure:

Are you currently experiencing symptoms or have experienced within the last 14 days? Put a Check.
(Kasalukuyan ka bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw? Lagyan ng Tsek.)

Symptoms (Mga Sintomas)	Yes (Oo)	No (Hindi)
Sore throat (pananakit ng lalamunan/masakit lumunok)		
Shortness of Breath (Hirap sa paghinga)		
Body Pains (Pananakit ng katawan)		
Headache (Pananakit ng ulo)		
Fever for the past few days (Lagnat sa mga nakalipas na araw)		
Loss of taste or smell (Pagkawala ng panlasa o pang-amoy)		
Cough and/or cold (Ubo at/o sipon)		
Diarrhea (Pagtatae)		

Recent Travel:

Did you travel outside the Philippines in the last 10 days? Yes _ or No _

If yes, have you completed the required testing or protocol?

COVID-19 Vaccination Status:

Please put a check on your vaccination status and kindly write the brand of your COVID-19 vaccine.

If unvaccinated, the camper needs to present a negative RT-PCR test result valid within 72 hours before the camp or a negative antigen result valid within 24 hours before the camp.

Fully Vaccinated with Booster		Fully Vaccinated	Partially Vaccinated	Unvaccinated
1st	2nd			

LIABILITY WAIVER

I hereby acknowledge that the COVID-19 is an extremely contagious disease caused by coronavirus that spreads easily through person-to-person contact. I acknowledge that by attending this camp, I could increase my risk of contracting COVID-19. Further, while traveling to and attending the camp, I may not be able to practice "social distancing" and may be in close proximity with individuals who could potentially be infected with COVID-19.

I hereby voluntarily seek to attend this camp and acknowledge that my actions may increase my risk of exposure to COVID-19. I accept the risk and agree to hold harmless the Girl Scouts of the Philippines, its volunteers and professional staff, from any and all claims that may arise from or relate to my attendance at this event or my use of GSP's facilities, including any claims concerning exposure to COVID-19 and any resulting harm or injury, including permanent disability and death.

I hereby acknowledge and agree that during my attendance at this camp, I will comply with all procedures designed to reduce the spread of COVID-19.

I hereby understand that, by signing this Waiver, I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if I experience symptoms of COVID-19 within 14 days after attending the camp, I will notify GSP at (council/regional/NHQ email address whichever is the camp organizer.)

I hereby acknowledge that I have read the foregoing agreement, understand all its provisions, and sign it voluntarily as my own free act and deed.

_____

Signature of Applicant over Printed Name

Consent given by:

_____

Signature of Parents over Printed Name

Endorsed by:

_____

Signature of Troop Leader over Printed Name

Approved by:

_____

Signature of Council Executive over Printed Name

_____ _____

Signature of Regional Executive Director over Printed Name Date

IMPORTANT! *This form must be received at GSP National Headquarters/Regional/Council whichever is the camp organizer on or before _____.*

FOR DARFUTS

GIRL SCOUTS OF THE PHILIPPINES
NATIONAL HEADQUARTERS
901 PADRE FAURA ST.,ERMITA,1000 MANILA

BARANGAY COMMITTEE REGISTRATION FORM

_____Region
_____Council

Barangay Committee Name : _____ District Committee Number: _____
Barangay Committee Address : _____ District Committee Address:_____
Tel No: _____ Tel No:_____
Registration Status : ☐ Re-reg ☐ New

Position	Name (Last Name, First Name, M)	BIRTHDATE (MM/DD/YY)			REG.STATUS		Beneficiary
					Re-reg	New	
Chairman							
Vice-Chairman							
Secretary							
Treasurer							
Member							
Member							
Member							
Member							
Member							
Member							
Member							
Member							

Submitted by:

_____ _____
BC Chairman Date

Processed by:

_____ _____
Registration Processor Date

COUNCIL ACTION REMITTANCE

Approved by:

Members : ____Re-reg____New .....P _____
Program Dev't Fund.....P _____
Contribution to the Mutual Assistance Fund.P_____
Total Remittance .....P_____

_____ _____
Council Executive Date

B.C Group Fee (To be retained by Council) ..P__15.___
Paid under R.O.R.No._____Date_____
DCCR No. _____Date of Deposit _____
Branch Code

No. of Cards Issued : From _____to _____
IC Cards Series Year :_____