



Republic of the Philippines
Office of the President
Philippine Sports Commission



13 June 2025

**FOR: THE HONORABLE PROVINCIAL GOVERNORS
THE HONORABLE CITY MAYORS**

Dear Sir/Madam:

The Philippine Sports Commission (PSC), in line with its mandate for amateur sports promotion and development, particularly giving emphasis on grassroots participation, will once again spearhead the **Batang Pinoy National Competition**.

In this regard, and knowing your usual support to national sports promotion initiatives, the Commission formally invites your local government units (LGUs) to participate in the upcoming **Batang Pinoy 2025** to be held on **25-31 October 2025** in **General Santos City** and will be participated by student-athletes and out-of-school youths who are 17 years old and below. This year's edition of the competition with the theme, "*Husay ng Bagong Bayaning Manlalaro*," will feature 27 sports.

As we prepare for the various LGUs' participation to this event, and to allow for efficient coordination between the LGU focal person and the PSC Team, we kindly request that you provide us with the email address and contact number of your designated Head of Delegation (HoD) and Deputy Head of Delegation (DHoD) for this event. Kindly send the signed **HoD and DHoD appointment letter**, to email address, batangpinoy2025@psc.gov.ph starting this date **until 05 July 2025**. Should the LGU fail to send the requested appointment form by the set deadline, this may result in delays of your LGU's registration via the Batang Pinoy Games registration system, thus, on-site registration will not be entertained.

Should you have other concerns, you may coordinate with the Batang Pinoy 2025 Secretariat through Ms. Alona Quintos (Mobile number: 09164236494).

We are sincerely looking forward to seeing your delegations for the Batang Pinoy 2025 in General Santos City.

Thank you very much.

Truly yours,



DINDIN R. URQUIAGA

Project Director, Batang Pinoy 2025



LGU APPOINTMENT FORM

LOCAL GOVERNMENT UNIT: _____

REGION: _____ **CLUSTER:** _____

DESIGNATION:	HEAD OF DELEGATION (HoD)
FULL NAME: <i>(First Name, Middle Name, Last Name)</i>	
OFFICE:	
POSITION:	
EMAIL ADDRESS:	
CONTACT NUMBER:	

DESIGNATION:	DEPUTY HEAD OF DELEGATION (DHoD)
FULL NAME: <i>(First Name, Middle Name, Last Name)</i>	
OFFICE:	
POSITION:	
EMAIL ADDRESS:	
CONTACT NUMBER:	

Endorsed by:

signature over printed name
LOCAL CHIEF EXECUTIVE/PROVINCIAL ADMINISTRATOR

DATE: _____

Please also submit your provided HOD & DHoD details to this online form on or before 05 July 2025, 11:59pm

bit.ly/BPappointment

