

**PUBLIC OFFICERS' WELFARE COUNCIL**  
**Casela World of Adventures**  
**PARTICIPATION FORM**

Name: \*Mr./Mrs./Miss.....  
 (\* Strike as appropriate and SURNAME in block letters)

Designation:.....PHONE (Off):.....(Res).....

Ministry/Department:.....(Mobile No):.....

Residential Address:.....

Email Address:.....

Tick (☑) as appropriate your options:

Group A: Sunday 13 November 2016	<input type="checkbox"/>
Group B: Sunday 11 December 2016	<input type="checkbox"/>

Tick (☑) as appropriate your options:

Picking Point			
Pamplemousses [Botanical Garden] (07 45 hrs)	<input type="checkbox"/>	Reduit, University of Mauritius [Auditorium] (08 00 hrs)	<input type="checkbox"/>
Port Louis [Government Centre – Near Queen Victoria Statue] (08 15 hrs)	<input type="checkbox"/>	Curepipe [Municipality of Curepipe, near SBM] (07 45 hrs)	<input type="checkbox"/>
St Jean, Quatre Bornes [St. Jean Church] (08 15 hrs)	<input type="checkbox"/>	Own Transport	<input type="checkbox"/>

Accompanied By:

NAME	RELATION	DOB	AGE	NON-VEG	VEG	AMOUNT (RS)
SELF (APPLICANT)						
2						
3						
4						
5						
6						

**Note:**

- (i) Photocopy of recent payslip or top part of payslip of applicant indicating the name and paysite code and birth certificates for children below 12 years participating to be produced when effecting payment.
- (ii) Participants will have to bear responsibility of any mishap caused by themselves or accompanied members of their family during the excursion.
- (iii) Dress code: Sport shoes, Tracksuit/short, T-shirt and cap.
- (iv) Participants should abide to instructions provided on the programme of the day.
- (vi) Be assured that all information furnished in the form will be kept confidential.

Date: .....

Signature: .....

*For office use only*

Amount Paid \_\_\_\_\_

Receipt No. \_\_\_\_\_