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

Group B: Sunday 11 December 2016

Tick (☑) as appropriate your options:

Picking Point

Pamplemouses
[Botanical Garden] (07 45 hrs)

Reduit, University of Mauritius
[Auditorium] (08 00 hrs)

Port Louis
[Government Centre – Near Queen Victoria Statue]
(08 15 hrs)

Curepipe
[Municipality of Curepipe, near SBM] (07 45 hrs)

St Jean, Quatre Bornes
[St. Jean Church] (08 15 hrs)

Own Transport

Accompanied By:

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<th>RELATION</th>
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<th>AGE</th>
<th>NON-VEG</th>
<th>VEG</th>
<th>AMOUNT (RS)</th>
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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. ...........................................................