

Public Officers' Welfare Council
Civil Service Debate Competition 2015
Participation Form

Name: (1st speaker):*(Mr/Mrs/Miss)

(2nd speaker):*(Mr/Mrs/Miss)

Alternate Participant: *(Mr/Mrs/Miss)

Ministry/ Department:

Address:.....

.....

Phone No (Office) – 1st Speaker:..... Fax No:..... (Cell):.....

Phone No (Office) –2nd Speaker:..... Fax No:..... (Cell):.....

Phone No (Office) –Alternate Participant:..... Fax No:..... (Cell):.....

I have taken cognizance of the Rules and Regulations governing the Civil Service Debate Competition and I agree on behalf of my team to abide by same.

Team Leader: Name:.....

Date:.....

Signature:.....

***delete as appropriate**