

**THE DISTRICT COUNCIL OF GRAND PORT  
WELFARE DEPARTMENT**

**CULINARY COMPETITION - PARTICIPATION FORM**  
**(INDIVIDUAL)**

**SURNAME OF PARTICIPANT: MISS / MRS\***.....

**OTHER NAMES** :.....

**NIC NO. :**.....

**FULL RESIDENTIAL ADDRESS:** .....  
.....

**MOBILE NO. :** ..... **HOME PHONE NO.:**.....

**OCCUPATION:**.....

**MAIN COURSE TO BE PRESENTED:** .....  
.....  
.....

**DESSERT TO BE PRESENTED:**.....

**ADDITIONAL REMARKS:**.....  
.....

**SIGNATURE OF PARTICIPANT:**.....

**DATE:** .....

\*STRIKE OUT AS APPROPRIATE

**NOTE: THIS FORM DULY FILLED IN SHOULD REACH THE WELFARE DEPARTMENT OF THE DISTRICT COUNCIL ON 28<sup>th</sup> APRIL 2017 AT LATEST.**

**-END OF PARTICIPATION FORM-**