

THE DISTRICT COUNCIL OF GRAND PORT
WELFARE DEPARTMENT
CULINARY COMPETITION - PARTICIPATION FORM
(IN GROUP)

NAME OF GROUP (IF ANY):.....

VILLAGE:.....

PARTICULARS OF MEMBERS IN THE GROUP:

SN	NAME OF MEMBERS	ADDRESS	CONTACT NOS
01			
02			
03			
04			
05			

MAIN COURSE TO BE PRESENTED:

.....

.....

DESSERT TO BE PRESENTED:.....

ADDITIONAL REMARKS:.....

.....

NAME OF GROUP LEADER:.....

SIGNATURE OF GROUP LEADER :..... DATE:

NAME OF DISTRICT COUNCILLOR OR
VILLAGE COUNCIL CHAIRPERSON*:

SIGNATURE OF DISTRICT COUNCILLOR/
CHAIRPERSON*:.....

*STRIKE OUT AS APPROPRIATE

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

=END OF PARTICIPATION FORM-