



SENIOR CITIZENS COUNCIL

QUIZ COMPETITION 2026

PARTICIPATION FORM

District / Ward:

Name of Association:

Name of President / Responsible Person:

Address:

Phone / Mob No:

QUIZ PARTICIPANTS

	Name of Participants (3)	Address	Phone / Mob No.	Age / ID
1.				
2.				
3.				
4.	(Name of one Alternate Member)			

Date:

.....
**Signature of the President
of the Association**

*Forms may also be downloaded from the Council's website www.sencico.org
and forwarded to the Council on its e-mail address as follows:
sencico@intnet.mu*