

# PAWAR PUBLIC SCHOOL – HADAPSAR

## Picnic Circular

**Std. II**

**Ref: Sch/Academics/18/2023-24**

7<sup>th</sup> December, 2023

This is to inform you that the school has arranged its annual one-day picnic for **Standard II** on 9<sup>th</sup> January, 2024 to GO CRAZY Adventure Park.

Parents interested to send their wards are requested to make the payment latest by 31<sup>st</sup> December, 2023 the link for the payment is given below.

Link: Login to Web login ([www.ppspune.com](http://www.ppspune.com)) / RiTe App using your child's login details.  
Select Fee option – Select Internal Fee to make the fee payment for picnic.

Devendra Kumar  
Principal

**Mentioned below are the details for the trip:**

08.00 am Assemble at school in uniform  
08.30 am Leave for **GO CRAZY**  
09.30 am Reach and have breakfast (Idli, Poha, Chutney)  
10.30 am Enjoy the Activities

**High Rope Courses – Balancing Rope, Swinging Log, Tyre Swing, Arth Log, Swinging Bridge, Net Flooring, Vertical Net, Step Log, V Log, Raval Bridge, Burma Bridge, Spider Net, Magic Show, Tattoo, Mini Adventures, DJ music.**

01.00 pm Lunch will be served  
(**Pav Bhaji, Veg Fried Rice, Gobi Manchurian, Gulab Jamun**)  
03.30 pm Leave for school (snacks in bus)  
05.00 pm Reach School and depart home with sweet memories.



**Things to Carry:** Water bottle, Napkin, Extra Pair of clothes.

**Trip Cost:** **Rs. 1100/- per head**

**Trip Includes:** Entry to the park and activities as mentioned above, Breakfast, Lunch and Courteous services of Team Memories Unlimited.

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**PLEASE FILL UP THE BELOW MENTIONED FORM AND HAND IT OVER TO YOUR CLASS TEACHER along with the duly filled Consent form on page 83 of the school diary on or before 21<sup>st</sup> December, 2023**

To,  
To,  
The Principal,  
Pawar Public School-  
HadapsarPune.

Respected Madam,  
I / We wish to send my son / daughter for the one-day fun filled picnic to GO CRAZY.

Whilst appreciating your assurance for the safety of my child, I undertake not to hold your school, your staff or your travel agents liable for any damages, injury or accidents, additional expenses or change in itinerary program due to unforeseen circumstances.

NAME \_\_\_\_\_

STD \_\_\_ DIV \_\_\_ ROLL \_\_\_ AGE \_\_\_ Jain \_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_ Mobile \_\_\_\_\_

Signature of the Parent: \_\_\_\_\_

**Miles with Smiles**

