

# PAWAR PUBLIC SCHOOL – HADAPSAR

Dear Parent / Student,

This is to inform you that the school has arranged its annual one-day picnic for **Standard IV & V** on Thursday, **9<sup>th</sup> January, 2025** to **Mauli Agro Farms Adventure Resort**.

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

07.45 am Assemble at school in uniform  
08.00 am Leave for **Mauli Agro Adventure Resort – Hinjewadi**  
09.30 am Reach and Have Breakfast (**Idli, Poha, Chutney, Sambhar**)  
10.30 am Enjoy Activities at Resort

(Adventure Activities, DJ Music, Tractor Ride, Train Ride, Magic Show, Tattoo artist, Archery, Air Gun Shoot, Zip Line Hanging Bridge, etc.)

01.00 pm Lunch will be served

(**Pav Bhaji, Veg Fried Rice, Veg Manchurian, Gulab Jamun, Fryums, Salad.**)

03.30 pm Leave for school

05.30 pm Reach School and depart home with sweet memories.



**MAULI AGRO FARMS**  
NATUREZ RETREAT

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

**Trip Cost:** **Rs. 1180/- per head Incl. GST**

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

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.

Last date for payment: 3<sup>rd</sup> January, 2025

**Please fill up the below mentioned form along with the consent form on page no. 95 and hand it over to your class teacher.**

-----Cut here -----

**The Principal,**

**Pawar Public School – Hadapsar**

**Pune.**

Respected Principal,

I / We wish to send my son / daughter for the one-day fun filled picnic to **Mauli Agro Farms Adventure Resort**.

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 \_\_\_\_\_ Blood Group: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

**Miles with Smiles**