

# MINISTRY OF YOUTH AND SPORTS

## YOUTH CLUBS

### DATA SHEET

1. Name of Club : .....
2. Address of Club : .....
3. Name of President : .....
- Address of President : .....
- Tel. No : (Mob).....(Res.).....(Off).....
- Date of Birth : .....
4. Name of Secretary : .....
- Address of Secretary : .....
- Tel. No : (Mob).....(Res.).....(Off).....
- Date of Birth : .....
5. Name of Treasurer : .....
- Address of Treasurer : .....
- Tel. No : (Mob).....(Res.).....(Off).....
- Date of Birth : .....
6. Date when club was founded: .....
7. Bank and Account Number: .....

8. Is your club registered with the Registrar of Associations? Yes  No

If yes, insert Registration Number .....

#### 9. CLUB HOUSE

- (a) Is there a Club House? Yes  No

- (b) If "Yes", is the club house: Owned  Rented  Free

If "Rented", what is the monthly rent? Rs .....

- (c) If "No", where do members meet? Social Welfare Centre
- Village Hall  Parish Hall  Other  .....

#### 10. AFFILIATION TO OTHER ORGANISATIONS

- (a) Is club affiliated to any other organisation? Yes  No

- (b) If "Yes" (i) Name of Organisation : .....
- (ii) Date affiliated for the first time (state year only) .....

11. Is club affiliated to any National Body? Yes  No
- (e.g. Young Farmers, Red Cross, etc.)

If "Yes" which? 1. .... 2. ....

12. **MEMBERSHIP** (as at .....

AGE GROUP	MALE	FEMALE	TOTAL
Under 12 ... ..			
12 and under 14 ... ..			
14 and under 16 ... ..			
16 and under 18 ... ..			
18 and under 20 ... ..			
20 and under 25 ... ..			
25 and under 30 ... ..			
30 and over ... ..			
<b>TOTAL ... ..</b>			

## 13. No. of members on Managing Committee:

Boys ..... Girls ..... Total .....

## 14. Opening hours of club:

DAY	TIME

15. **ACTIVITIES PRACTISED BY MEMBERS** (You may add to the list if necessary)

Activity	No. of members involved	Activity	No. of members involved	Activity	No. of members involved
Carrom		Football		Social Work	
Table Tennis		Volley Ball		Community Work	
Chess		Basket Ball		Adult Education	
Badminton		Athletics		National Youth Award	
Cookery		Swimming			
Needlework		Cycling			
Homecraft		Petanque			
Debate					
Quiz					
Judo					
Karaté					
Scrabble					

16. **GROUND FACILITIES FOR ACTIVITIES**

Activity	Address of ground facility	Owner of institution maintaining the ground	Days and time available	Payment if any (indicate whether per session or month)
Football				
Volleyball				
Basketball				
Badminton				
Swimming				

17. ....  
DateSeal of  
Club.....  
Signature of Secretary