

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			
TOTAL			

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