



Government of the Republic of Trinidad and Tobago
Ministry of Sport and Community Development

Registration Form for National Sporting Organizations/Sporting Clubs

Please type or print in block letters

Section 1 Organization Information	For Official Use Only
Name of Organization: _____	
Mailing Address: _____	
Name and Address of President: _____	

Tel.No: _____	
Name and Address of Secretary: _____	

Tel.No: _____	
Meeting Place: _____	
Days and Time of Meetings: _____	
Are you Registered with the Ministry if Legal Affairs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Please attach a copy of certificate of registration)	

Section 2 **Type of Membership**

Honorary	<input type="checkbox"/>		Male:	<input type="checkbox"/>	Number				
Associate	<input type="checkbox"/>		Female:	<input type="checkbox"/>			Number	Number	
Life	<input type="checkbox"/>						U 10	20-25	
Ordinary	<input type="checkbox"/>						10-15	25-35	
Other	<input type="checkbox"/>						15-20	35-50	
							over 50		

Section 3

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Cricket	<input type="checkbox"/> Hockey	<input type="checkbox"/> Swimming	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Badminton	<input type="checkbox"/> Cycling	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Squash	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Netball	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Wind ball Cricket
<input type="checkbox"/> Board Games	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Rugby	<input type="checkbox"/> Tennis	

Other (Please specify) _____

Type of Board Game: _____

Style of Martial Art: _____

Competition/s in which club participates: _____

Section 4 FINANCIAL INFORMATION

Name and Address of Bankers

Type of Account:	Revenue for Last Year _____
Savings: <input type="checkbox"/>	Expenditure for Last Year _____
Current: <input type="checkbox"/>	Anticipated Revenue for this Year _____
Other: <input type="checkbox"/>	Anticipated Expenditure for this Year _____

(Please Specify) _____

Section 5 Other Information

Outstanding Achievements for This Year: _____

Outstanding Achievements For Previous Year (If Not Already Given): _____

Other Information Which the Organization Considers Useful To Supply: _____

Section 6

Please attach to this Registration Form:

1. List of Officers with address and date of last election
2. Copy of Organization's Constitution
3. Copy of last audited financial report
4. Budget for the current year
5. Proof of affiliation to international body
6. Brief history of Organization
7. List of all affiliated leagues/zones/clubs
8. Proof of recognition by Ministry of Education (if applicable)

Signature:.....

Position:.....

Date:.....