



Government of the Republic of Trinidad and Tobago

Ministry of Sport

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"/> _____										
Life	<input type="checkbox"/>												
Ordinary	<input type="checkbox"/>												
Other	<input type="checkbox"/>												
			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Number</td> <td style="width: 50%; text-align: center;">Number</td> </tr> <tr> <td style="text-align: center;">U 10 _____</td> <td style="text-align: center;">20-25 _____</td> </tr> <tr> <td style="text-align: center;">10-15 _____</td> <td style="text-align: center;">25-35 _____</td> </tr> <tr> <td style="text-align: center;">15-20 _____</td> <td style="text-align: center;">35-50 _____</td> </tr> <tr> <td style="text-align: center;">over 50 _____</td> <td></td> </tr> </table>	Number	Number	U 10 _____	20-25 _____	10-15 _____	25-35 _____	15-20 _____	35-50 _____	over 50 _____	
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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: \_\_\_\_\_

Savings:

Current:

Other:

(Please

Specify)

Revenue for Last Year \_\_\_\_\_

Expenditure for Last Year \_\_\_\_\_

Anticipated Revenue for this Year \_\_\_\_\_

Anticipated Expenditure for this Year \_\_\_\_\_

**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:.....