

# YOUTH ORGANISATION

## Data Sheet -2025/26

### 1. CLUB DETAILS

**RYC** \_\_\_\_\_

Name	
Address	Date Founded     /     /
Is the Organisation registered with the Registrar of Associations?     Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, insert Registration Number _____	
Bank Name	Bank Account Number

### 2. PRESIDENT DETAILS

First Name		Surname	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth     /     /	Age	NIC
Tel (Home)	Tel (Mobile)	Email	
Address			

### 3. SECRETARY DETAILS

First Name		Surname	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth     /     /	Age	NIC
Tel (Home)	Tel (Mobile)	Email	
Address			

### 4. TREASURER DETAILS

First Name		Surname	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth     /     /	Age	NIC
Tel (Home)	Tel (Mobile)	Email	
Address			

### 5. CLUB HOUSE

- a) Is there a club house?     Yes ☐     No ☐     where do you meet? \_\_\_\_\_
- b) If "Yes", is the club house     Owned   ☐     Rented   ☐     Free   ☐

**6. AFFILIATION TO OTHER ORGANISATIONS**

a) Is the club affiliated to any Organisation? Yes ☐ No ☐

If "Yes" Name of Organisation \_\_\_\_\_ Date affiliated / /

**7. a) MEMBERS DETAILS**

Age Group (Years)	Male	Female	Total
Under 14			
14 -19			
20 - 30			
30 - 35			
Above 35			

b) **MANAGING COMMITTEE MEMBERS:** Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_

**8. ACTIVITIES PRACTICED BY MEMBERS** (You may add to the list if necessary)

Youth ☐ Sports ☐ Both ☐ Others ☐ Specify: \_\_\_\_\_

Activities	No. of members	Activities	No. of members
The Duke of Edinburgh's International Award - Mauritius			
Youth Volunteer Mauritius			

**9. GROUND FACILITIES FOR ACTIVITIES**

Activity	Address of ground facility	Institution managing the ground facility	Days and time	Payment if any (indicate whether per session or month)

Signature of Secretary

Seal of Club

Date / /

Certified by RYC Secretary:

Date / /

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Signature \_\_\_\_\_ Office Use \_\_\_\_\_ Date received / / Affiliation Number \_\_\_\_\_