

FlippaBall Program Expression of Interest

This expression of interest is conducted in accordance with our Data Collection Privacy Policy.
<https://www.waterpoloaustralia.com.au/surveys/privacy>

Contact email address

Section

1. Which State or Territory will the program be run in? (Tick all that apply)

WA

QLD

NT

SA

VIC

NSW

ACT

TAS

2. WPA Affiliation Number

Club or association number

3. Not a Polo Australia Affiliate?

Please select box below

4. Best contact details - Name

5. Position/Role

6. Best contact details - Phone

7. Is this your first time running a WPA registered Flippaball program? (Tick all that apply)

Yes

No

8. Website URL

Section

9. Program Venue

10. Venue Address

11. Program Start Date

___/___/___

12. Program End Date

___/___/___

13. Program Day and Time

i.e. Fridays, 4.30pm to 6.00pm

14. Target Audience

e.g. 7 to 12 year olds, new to water polo

15. Where to register

16. What to bring

17. Registrants contact details

Only fill in if different to the primary contact

18. Spaces available

19. Registered coaches name

If different to above

20. Are you planning to run a Flippaskills Training Program?

Please tick the box below to add program information

Section

21. Upload copy of company insurance

22. Upload company logo

Used for co-branding on promotional material

23. Would your coaches like water polo training? (Tick all that apply)

Yes

No

24. Are you planning on running a FlippaFest (Come and Try) Event?

Please tick the box below to add program information

Section

25. Are the FlippaSkills sessions running the same dates as the FlippaBall competition? (Tick all that apply)

Yes

No

26. FlippaSkills Day and Time

27. FlippaSkills Session Length (mins)

Section

28. FlippaFest Event Objective (Tick all that apply)

Pre-Season recruitment

Mid-season festival

Post-Season Celebration

Other

29. FlippaFest Event Date

____/____/____