

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: Basic Information** 1. Which State or Territory will the program be run in? (Tick all that apply) QLD □ NT NSW ☐ 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 2: Program Information Please fill out the information below and once confirmed, your program's details will be listed on the
WPA website to provide an avenue for additional promotion.
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
44 Target Audiens
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 3: For WPA Non-affiliates
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 4: FlippaSkills Training Program
25. Are the FlippaSkills sessions running the same dates as the FlippaBall competition? (Tick all that apply)
☐ Yes