



EXPRESSION OF INTEREST – BASKETBALL SOUTH AUSTRALIA EVENT PARTNER

Name: _____ Contact Phone: _____

Name of Event: _____

Location(s) of Event: _____

Date(s) of Event: _____

Type of Event (eg. camp, training day, carnival): _____

Does the event include group travel? _____ Does the event involve overnight stays? _____

Target Market (eg. age, ability): _____

Please describe the accessibility of the event, eg. how are you catering for minority groups, disadvantaged, low socio-economic?

What is your length of service to basketball in South Australia (please circle)?

0-5 years 5-10 years 10-15 years 15-20 years 20+ years

Please indicate how you have contributed to basketball in South Australia by providing approximate years of service in the box below each applicable role. Only service in an official capacity should be indicated.

Player Coach Administrator Referee Official Other _____

Please indicate the compliance measures in place for the event:

- Working with Children Checks (all staff and coaches over age 14)
- Public Liability Insurance
- Personal Accident Insurance for participants
- Travel insurance (if event involves group travel)

**Please email Expression of Interest to the Manager Stakeholder Relations – msterry@basketballsa.com.au
If your event is eligible for Partnership, an agreement will be negotiated to be signed by both parties**