



Women's Outreach Program Application

The Women's Clinic Kit: is designed to help individuals and teams organize and run events that promote and introduce the sport of Ultimate to women. The main goals of the program are to:

1. Promote the sport of Ultimate to women
2. Promote the UPA and obtain more members
3. Increase the number of events geared towards teaching women how to play Ultimate
4. Increase the number of women who play Ultimate
5. Improve the Women's Outreach Program by gathering post-event information from participants

The kit contains helpful tools for organizing and implementing a women's outreach event. These include:

- 10 Women's Ultimate Posters
- 10 Discraft 175g Ultrastar Discs
- 1 UPA Official Rulebook
- 2 copies of the 10 Simple Rules of Ultimate
- A helpful guide for organizing and planning your women's outreach event
- 1 Copy of the UPA Magazine

Qualifications: The packet is offered free of charge to all UPA members in good standing who are planning to host a women's teaching clinic, a women's hat tournament, or other event aimed at attracting, introducing and promoting Ultimate to new women players and teaching basic skills to players at the beginner level.

Procedures:

- 1) At least 3 weeks prior to the event, the UPA must receive the Organizer's completed and signed application. If the application is approved, then organizers are responsible for completing the remainder of the procedures.
- 2) During the event, the Organizer must:
 - a) Notify participants that this is a UPA sponsored event
 - b) Provide participants with an opportunity to sign up for a UPA membership
 - c) Request that participants complete the Questionnaire at the end of the event
- 3) After the event the Organizer must return the completed Participant Questionnaires and Organizer Questionnaire to the UPA postmarked within 10 business days.
- 4) It is not required, but we request that organizers submit pictures of their event for possible publication in the newsletter or on the website. Digital photos sent electronically are preferred.

Exceptions: Possible exceptions to the application deadline will be considered. However, all late applicants that are accepted will be charged \$35 for the increased shipping and handling.

Follow up: In order to continue to provide and improve the women's outreach program, it is important for organizers to follow up with the post event questionnaires and evaluations. We use these as a guide in updating our materials, determining what program features attract women to the sport and what features are not helpful as well as gauging the success of the program. We also ask that event organizers notify participants that their event is sponsored by the Ultimate Players Association and offer them the opportunity to sign up as a member. Without this awareness and feedback, we will not be able to continue to offer the program as a free service. Please make sure to include time at the end of your program to have each participant complete the evaluation forms. If an event organizer fails to return any of the materials by the deadline, the UPA reserves the right, at its discretion, to require a deposit or deny application acceptance for any related future programs.

If the clinic or event is not hosted due to weather, lack of interest, sickness or any other reason, the Organizer is responsible for returning all program materials to the UPA.

I have read, understand and agree to comply with the requirements, procedures, and expectations of completing the necessary follow-up information in the Women's Clinic Kit Application. I believe my event meets the program requirements and I would like to submit the Program Application.

Signature

Date

UPA Women's Clinic Program



Women's Outreach Program Application

Today's Date: _____ Event Dates: _____

Event Organizer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Phone (Eve): _____

Email: _____ Mail packet to this address (no P.O. Boxes)? Yes No

Shipping address if different from above: Business /Org. Residential

Business/Org: _____ Name/Contact: _____

Street Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Day: (_____) _____ Email: _____

Type of Event: Clinic; Tournament; League; Other;

Participants Expected: _____ Event times: _____

Is this event geared towards introducing the sport to new, women players? Yes No

Is there a web address I can direct people to for more information about the clinic or women's Ultimate in your area?_

Event Site: _____ Event City: _____

Is there a women's team in your area? _____ If yes, how many? _____

Is a team or club sponsoring the event and if so, who? _____

Have you hosted a UPA women's clinic/event in the past? Yes No If so, how many? _____

What specific reasons do you have for hosting an Outreach Program for women? _____

How did you find out about the Women's Outreach Program? Website Newsletter Friend Other

Thank you for your support of Women's Ultimate!

You may fax, mail or email the application. Please feel free to contact the Outreach Director, Melanie at Melanie.Byrd@upa.org, with any questions or input regarding the Women's Outreach Program.



Post-Event Participant Evaluation

(Please complete on site and in full so that we may continue to evaluate and improve our outreach services.)

Name: _____ # of years playing _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

	None	Some	Good	Very Good	Excel lent
What is your experience as an Ultimate player?	1	2	3	4	5
What is the likelihood that you will continue to play Ultimate?	1	2	3	4	5
How well organized was the clinic/event?	1	2	3	4	5
How well staffed was the clinic/event?	1	2	3	4	5
How qualified did you feel the organizers/staff were in being able to teach techniques, drills or skills effectively?	1	2	3	4	5
How helpful was the clinic/event in teaching you skills?	1	2	3	4	5
How helpful was the clinic/event in addressing questions and concerns of the participants?	1	2	3	4	5
How fun was it to participate in the clinic/event?	1	2	3	4	5

Would you participate in another event like this? Yes No

Are you a member of the UPA? Yes No

Did the event organizer discuss the benefits of being a UPA member? Yes No

Did the event organizer offer you the option to become a member of the UPA? Yes No

How did you find out about the event? _____

What were the best aspects of the event? _____

What aspects of the event could be improved? _____

What are your suggestions for attracting inexperienced players to future events? _____

Additional Comments: _____

Thank you for completing your evaluation. Please submit it to the Event Organizer or return it to the address below.



Post-Event Evaluation for Event Director

Organizer's Name: _____ Date: _____

How many women participated? _____ How many of these were brand new players? _____

How many people staffed the event? _____ How many years has this clinic been hosted? _____

	Poor	Fair	Good	Very Good	Excellent
What is your experience as an Ultimate player?	1	2	3	4	5
How well organized was the clinic/event?	1	2	3	4	5
How well staffed was the clinic/event?	1	2	3	4	5
How qualified did you feel the organizers/staff were in being able to teach techniques, drills or skills effectively?	1	2	3	4	5
How helpful were the advertising posters?	1	2	3	4	5
How helpful were the discs?	1	2	3	4	5
How helpful were the rulebooks?	1	2	3	4	5
How helpful were the 10 Simple Rules?	1	2	3	4	5
How helpful was the Guide to Organizing a Women's Clinic?	1	2	3	4	5
Overall, would you consider the clinic/event a success?				Yes	No
Did you discuss the benefits of being a UPA member with participants?				Yes	No
Did you offer participants the option to become a member of the UPA?				Yes	No
Do you think this clinic/event will help increase the number of female players in your community?				Yes	No
Did you base your program on the suggested guide included with the packet?				Yes	No

If this clinic has helped increase the number of female players in your community, can you give any specific details? (i.e. Have they signed up for a league, joined or created a new club team, etc?) _____

Could you outline the format you used for your program? Elaborate on additional paper if you would like. _____

What items provided in the Women's Outreach Packet do think were useless? _____

What would you change about the event you directed? _____

What was the goal for hosting this clinic? _____

What would be more helpful than the items already provided for this program? _____

Thank you for completing this evaluation in full. Please return all evaluations to the address below.