## BASEBALL

QUEENSLAND

## RECRUITMENT PLANNER

## Clus Details

## CLUB DETAILS

| Name |  |
| :--- | :--- |
| Club ABN |  |

## CONTACT PERSON/S

Club President

| Name |  |  |  |
| :--- | :--- | :--- | :--- |
| Phone |  | Email |  |

Aussie Tee Ball Coordinator

| Name |  |  |  |
| :--- | :--- | :--- | :--- |
| Phone |  | Email |  |

Other Representative (If applicable)

| Name |  |  |  |
| :--- | :--- | :--- | :--- |
| Phone |  | Email |  |

## Lacal Schools

| School Name | Public/Private | Contact Name | Contact Info |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## TARGET AGE GROUP[S]

Note: Year Levels 1-4 have the highest conversion rate.

## Options for School Clinies

## SPORTINE SCHODLS

Government funded. School applies for the grant, buys equipment
and facilitates delivery (including staff)

## Bप 5 FREE DAYS

You organise, BO staff it.
Club organises with the school.
BO sends a qualified
Development Officer.

## DIY CLINICS

You do it all.
Club is responsible for
organising and staffing,
including providing equipment.
Organise with Dan Spiers daniel@baseballqld.asn.au

BO have equipment kits available for hire.

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## GROWTH STRATEGIES

## What will you use?

What growth strategies will you implement? (i.e. School clinics, social media marketing, newspaper article, shopping centre stands, etc.)

| 1 |  |
| :--- | :--- |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

How will these strategies be implemented? (Contact schools and coordinate with Dan, allocate responsibilities to volunteers, create assets)

| 1 |  |
| :--- | :--- |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

## Cubs Member Tnvolvement \& Rexponsibilities

Who will be responsible for assisting in the running of this program from the club and what will the roles be?

| Name | Responsibility |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |

## Resources

What resources does the club need to effectively complete this recruitment plan?
e.g. Source - Club, BQ, etc. - Name of Resource - Policy, Equipment Kit, Social Media tiles etc.

| Source | Name of Resource |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |

## bungeting

## Determine your budget, funding sources, income and expense

Income [e.g. Registration, Sponsorship, Grants, etc.]

| Source of Funding | Amount |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Total Amount: |

Expenditure [e.g. Social Media Ads, Equipment, etc.]

| Source of Funding | Amount |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Total Amount: |

## Define your Fees

What will you charge for the upcoming season?
You'll want to lock in your fees as early as possible, so the information can be passed onto members.

| Age Group | Fee | Weekly Cost |
| :---: | :--- | :--- |
| U8 |  |  |
| U10 |  |  |
| U12 |  |  |
| U14 |  |  |
| U16 |  |  |
| U18 |  |  |

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## KEY MILESTONES <br> Define your timeline

## Example

| Activity | Timeline/Date |
| :---: | :---: |
| Appoint Coordinator | May 20 |
| Confirm school involvement | June 11 |
| Start Social Media Ads | August 1 |
| Come and Try Days | August 12, 19, 26 |


| Activity | Timeline/Date |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Desired Outcomes

How many registrations do you hope to generate through this campaign?

What are your other goals?

## DECLARATION

## By signing this form, the club certifies that:

1. The club will provide Baseball Queensland with a final report and documentation defining attendance numbers for the club Gala / Come and Try day(s) and final membership capture within the Teeball and Rookie ball age groups.
2. This plan has the full support of the club committee.
3. The club will provide the following:
A. Database of every school attended including the following details:
$\boxtimes$ School name.
$\boxtimes$ Number of sessions run.
Q The age groups that were targeted/participated.
$\boxtimes$ Number of participants per class.
B. Database of every new registration in the club, derived from the program, including:

- Name
- Address
$\boxtimes$ Gender
$\boxtimes$ Age group

4. The club will support the program by providing the following:
$\boxtimes$ A program coordinator.
Q Volunteers to assist with school clinics (where possible).
$\boxtimes$ An event (sign-on day, gala day etc.) linked to any promotional school activities.
$\boxtimes \mathrm{A}$ junior coaching director to ensure the clubs ability to cope with expected increases in junior numbers.

## SIGNATURES

Club President

Club Secretary

Coordinator

## ONCE COMPLETE:

Upon completion of this form, please send through to our Game Development Manager.
Daniel Spiers
daniel@baseballqld.asn.au

