



2018 CIRCUIT TOURNAMENT APPLICATION UNITED STATES POLO ASSOCIATION

9011 Lake Worth Rd. • Lake Worth, FL 33467
Phone: (800) 232-8772 • Fax: (888) 391-7410
www.uspolo.org • tournaments@uspolo.org

(Club Name) Polo Club hereby applies to be the Host club for the following Circuit Tournament:

OUTDOOR		
<input type="checkbox"/> 8-12 Intra-Circuit	<input type="checkbox"/> Amateur Cup*	SPECIAL CIRCUIT EVENTS: <input type="checkbox"/> National Youth Tournament Series* <input type="checkbox"/> USPA/PTF Seniors Tournament* <input type="checkbox"/> Museum of Polo Hall of Fame Challenge Cup* <input type="checkbox"/> Women's Challenge* <input type="checkbox"/> 4-6 General S. Brown* <input type="checkbox"/> 0-4 George S. Patton, Jr.*
<input type="checkbox"/> 4-8 Officer's Cup	<input type="checkbox"/> Constitution Cup	
<input type="checkbox"/> 0-4 Player's Cup	<input type="checkbox"/> Congressional Cup	
<input type="checkbox"/> Governors Cup	<input type="checkbox"/> Sportsmanship Cup	
<input type="checkbox"/> Centennial Cup*	<input type="checkbox"/> Masters Cup	
ARENA		
<input type="checkbox"/> 12+ Arena Championship	<input type="checkbox"/> Arena Congressional Cup	SPECIAL CIRCUIT EVENTS: <input type="checkbox"/> Arena Women's Challenge* <input type="checkbox"/> Museum of Polo Hall of Fame Challenge Cup* <input type="checkbox"/> Challenge Cup <input type="checkbox"/> 3-6 General Lewis B. "Chesty" Puller* <input type="checkbox"/> 0-3 Arena Admiral Chester Nimitz* <input type="checkbox"/> Circuit Level I/I Alumni Tournament* <input type="checkbox"/> Circuit Level I/I JV & Club Level Tournament*
<input type="checkbox"/> 9-12 Arena Chairman's Cup	<input type="checkbox"/> Arena Constitution Cup	
<input type="checkbox"/> 6-9 Arena Delegate's Cup	<input type="checkbox"/> Arena Sportsmanship Cup	
<input type="checkbox"/> 3-6 Sherman Memorial	<input type="checkbox"/> Arena Masters Cup	
<input type="checkbox"/> 0-3 Arena Amateur Cup		

*Specific Tournament Conditions Apply see *Tournament Conditions III*.

Note: Special Circuit Events may be awarded to multiple clubs in the same circuit, the NYTS Committee Reserves the right to make changes to the schedule.

Tournament Information

Goal Level: _____ (required) Expected Dates: ____ / ____ / ____ - ____ / ____ / ____

Do you intend to use USPA Professional Umpires? YES NO *If yes, please contact Maggie Mitchell for availability.

Tournament Equine Welfare Representative: _____

Do you intend to use the USPA Trophy Reimbursement Program? YES NO

If no, address to send trophies: _____

Additional Tournament Information

HOST TOURNAMENT COMMITTEE

Please list members of the host tournament committee for this event (Please note that the NYTS Program Director shall be a voting member of the Host Tournament Committee):

NYTS ALL STAR SELECTION COMMITTEE:

Please list member of the All-Star Selection Committee for this event (NYTS All-Star Selection Committee members are subject to change):

SPECIFIC TOURNAMENT CONDITIONS:

Please list specific tournament conditions that will be used for the tournament (ex.: instant replay, shoot-out, etc.)

Insurance Requirements

USPA Clubs must provide and maintain General Liability coverage (including liability coverage for club operations and participants in athletic or equine sports activities) with minimum limits of \$1,000,000.00 each occurrence and in the aggregate, and with United States Polo Association, its subsidiary & affiliated companies, directors, governors, officers, trustees, agents, employees, servants and volunteers included as additional insureds. Each USPA Club shall provide a certificate of insurance confirming compliance with these insurance requirements.

USPA strongly recommends USPA Clubs purchase additional insurance coverage as necessary for all polo activities and business operations.

CLUB DELEGATE SIGNATURE: _____ Date: _____

USPA CIRCUIT GOVERNOR SIGNATURE: _____ Date: _____