



2018 SANCTIONED TOURNAMENT APPLICATION UNITED STATES POLO ASSOCIATION

9011 Lake Worth Rd. • Lake Worth, FL 33467
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_____ Polo Club hereby applies to be the Host club for the _____
(Club Name) (Tournament Name)

Tournament Information

Goal Level: _____ - _____ **(required)** (12+ goal events must be approved by the Tournament Committee)

Expected Dates: ____ / ____ / ____ - ____ / ____ / ____

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

Tournament Equine Welfare Representative: _____

Sanctioning Fee

The annual sanctioning fee is based on the upper handicap level falling in the category as per the following table, and is payable to the USPA within 30 days of the date Sanctioning is approved.

	Handicap Level	Outdoor Fee	Arena Fee
<input type="checkbox"/>	Over 16 goals	\$1275.00	\$100.00
<input type="checkbox"/>	13-16 goals	\$500.00	\$100.00
<input type="checkbox"/>	9-12 goals	\$375.00	\$100.00
<input type="checkbox"/>	7-8 goals	\$250.00	\$100.00
<input type="checkbox"/>	0-6 goals	\$125.00	\$100.00
<input type="checkbox"/>	Women's Events	\$100.00	\$100.00

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):

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: _____

TOURNAMENT COMMITTEE APPROVAL: YES NO DATE OF APPROVAL/DENIAL: _____