# 2019 CIRCUIT TOURNAMENT APPLICATION
## UNITED STATES POLO ASSOCIATION

9011 Lake Worth Rd. • Lake Worth, FL 33467
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www.uspolo.org • tournaments@uspolo.org

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

### OUTDOOR

- ☐ 8-12 Intra-Circuit
- ☐ 4-8 Officer's Cup
- ☐ 0-4 Player's Cup
- ☐ Governors Cup
- ☐ Centennial Cup*
- ☐ Amateur Cup*
- ☐ Constitution Cup
- ☐ Congressional Cup
- ☐ Sportsmanship Cup
- ☐ Masters Cup

**SPECIAL CIRCUIT EVENTS:**

- ☐ National Youth Tournament Series*
- ☐ USPA/PTF Seniors Tournament*
- ☐ Museum of Polo Hall of Fame Challenge Cup*
- ☐ Women's Challenge*
- ☐ 4-8 General S. Brown*
- ☐ 0-4 George S. Patton, Jr.*

### ARENA

- ☐ 12+ Arena Championship
- ☐ 9-12 Arena Chairman's Cup
- ☐ 6-9 Arena Delegate's Cup
- ☐ 3-6 Sherman Memorial
- ☐ 0-3 Arena Amateur Cup
- ☐ Arena Congressional Cup
- ☐ Arena Constitution Cup
- ☐ Arena Sportsmanship Cup
- ☐ Arena Masters Cup

**SPECIAL CIRCUIT EVENTS:**

- ☐ Arena Women's Challenge*
- ☐ Museum of Polo Hall of Fame Challenge Cup*
- ☐ Arena Challenge Cup
- ☐ 3-6 General Lewis B. "Chesty" Puller*
- ☐ 0-3 Arena Admiral Chester Nimitz*
- ☐ Circuit Level I/I Alumni Tournament*
- ☐ Circuit Level I/I JV & Club Level Tournament*

*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 NYTS Host Tournament Committee):

_____

_____

**SPECIFIC TOURNAMENT CONDITIONS:**

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

_____

_____

**NYTS ALL STAR SELECTION COMMITTEE:**

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

_____

_____

**Insurance Requirements**

The undersigned Club Delegate hereby confirms and certifies on behalf of the above-identified Member Club that the Member Club maintains 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 as additional insureds.

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

*If awarded the above-identified tournament, the Member Club hereby agrees to be bound by the terms and conditions set forth in this application form. The undersigned Club Delegate hereby certifies that he or she has the authority to apply to the USPA to host the above-identified tournament on behalf of the Member Club he or she represents and to agree to the terms and conditions set forth in this application on such Member Club's behalf.*

**CLUB DELEGATE SIGNATURE:**_____ **Date:**_____

**USPA CIRCUIT GOVERNOR SIGNATURE:**_____ **Date:**_____