



2019 NATIONAL 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 _____
(Club Name) (Tournament Name)

Tournament Information

Goal Level: _____ - _____

Expected Dates: _____ / _____ / _____ - _____ / _____ / _____

Do you intend to use USPA Professional Umpires? YES NO *If yes, please contact Maggie Mitchell for availability. As a condition to awarding National Tournaments with an upper handicap limit of 20 goals and above, the Host Club will be required to contract with the USPA for at least two professional USPA certified umpires.

Tournament Equine Welfare Representative: _____

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

If no, address to send trophies: _____

Contract Fee

50% of the Contract Fee is due within 30 days of the awarding of the tournament. The balance of the fee is due no later than 30 days prior to the beginning of the event. Tournaments are normally awarded annually for the following year/

	Handicap Level	Outdoor Fee	Arena Fee
<input type="checkbox"/>	Over 24 goals	\$5000.00	\$500.00
<input type="checkbox"/>	17-24 goals	\$1500.00	\$500.00
<input type="checkbox"/>	13-16 goals	\$1000.00	\$500.00
<input type="checkbox"/>	9-12 goals	\$750.00	\$400.00
<input type="checkbox"/>	5-8 goals	\$500.00	\$300.00
<input type="checkbox"/>	0-4 goals	\$300.00	\$200.00
<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:

SPECIFIC TOURNAMENT CONDITIONS:

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

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, including specifically, the obligation to pay to the USPA the requisite fee on the schedule set forth above. 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: _____

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