



# 2020 SANCTIONED TOURNAMENT APPLICATION UNITED STATES POLO ASSOCIATION

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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

Host Clubs of USPA Sanctioned events shall pay the USPA a Sactioned Fee based on the tournaments upper handicap level falling in the category as per the following schedule:

	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

The fee for Sanctioned Events is to be paid on an annual basis and included with the submission of this Sanctioned Tournament Application form.

## 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:** \_\_\_\_\_

**USPA CIRCUIT GOVERNOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TOURNAMENT COMMITTEE APPROVAL:**  YES

NO

**DATE OF APPROVAL/DENIAL:** \_\_\_\_\_