



## United States Polo Association

### OFFICIAL CHANGE OF CLUB NAME REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

CURRENT CLUB NAME: \_\_\_\_\_

NEW CLUB NAME: \_\_\_\_\_

#### REQUIRED SIGNATURES AUTHORIZING CHANGE:

Club Delegate	
Name: _____	(Please print)
Signature: _____	

Additional Club Representative	
Name: _____	(Please print)
Signature: _____	
<input type="checkbox"/> President	<input type="checkbox"/> Owner
<input type="checkbox"/> Chairman	<input type="checkbox"/> Manager
<input type="checkbox"/> Other _____	

#### FOR USPA USE ONLY

NEW CLUB NAME ELIGIBLE: Y / N Initial: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL FROM USPA EDS: Y / N Initial: \_\_\_\_\_ Date: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_