Triskelion Polo Club

Triskelion Punch Hole

Saturday 1st and Sunday 2nd June 2020

Handicap bounds: -4 to 0

Team Manager:…………………………………………………….

Email:……………………………………………………………………

Phone:………………………………………………………………….

Team Name:………………………………………………………….

Shirt colours:…………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name | Handicap | No. chukkas of pony hire per match |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

Team Handicap:…………………

Saturday Umpire:……………………………………………………………………………..

Sunday Umpire:………………………………………………………………………………..

Please select one of the following:

* My team is not eligible for any additional entry fees and I have payed £300

Or

* My team is sponsored and is eligible for the £500 entry fee

Or

* My team is sponsored and is eligible for the £700 entry fee

Agreement

I have enclosed or have already paid to the Polo Manager the full tournament entry fee. I understand that my team will not be allowed to play until all entry fees and pony hire has been payed to the Polo Manager or Tournament Secretary. I have also arranged with my team the necessary provision of an umpire pony, umpire and 3rd man as require by the Polo Manager.

As manager of the team, I am responsible for passing on the times of matches, umpiring obligations and umpire pony obligations to my team mates with notice and clarity.

I understand that the club reserves the right to stop a horse from playing if it is lame or showing vice.

I agree that, should it be necessary, I will submit to a Pony Welfare or Disciplinary Panel with the club or the HPA Stewards and accept their decision as final and have the appropriate consent from all member of my team.

I agree that as team manager I will ensure the safety and return, by April 1st 2020, of The Triskelion Punch Bowl. If I am unable to do this, I accept the expense of replacing it with a similar trophy agreed by the club.

I have made the Polo Manager aware of any availability restrictions my team may have and that agree that this entry is subject to the availability of opposition teams at the requested time(s).

Name (capital letters):…………………………………………………………………………………………………………………………

Signed:…………………………………………………………………………………………………………………………………………………

Date:…………..…/…………..……./……………………..….