



OFFICIAL ENTRY FORM

Members Classic 8 Goal April 28th – May 14th

Hosted by New Bridge Polo & Country Club, Aiken, SC

Name of Event: _____

Name of Team: _____

Team Captain: _____ Team Colors: _____

Players: #1 _____ USPA Handicap: _____

#2 _____ USPA Handicap: _____

#3 _____ USPA Handicap: _____

#4 _____ USPA Handicap: _____

As Team Captain, I represent to New Bridge Polo & Country Club that I will comply with the following responsibilities, in addition to those in the USPA Yearbook, and obligations of my team's entry in the event:

1. Prior to submitting entry, Team Captain shall confirm with the USPA office that each player has paid his current year's registration fee with the USPA.
2. Prior to submitting entry, Team Captain shall review his players' handicap cards to determine correct handicaps. On any handicap in doubt, Captain shall determine the correct handicap by communication with the USPA office.
3. All entry fees must be accompanied by this form and paid in full prior to the tournament either by Check or Credit Card (authorization form attached). Entry Fees are **\$5000 per team non-member / \$4000 per team with a New Bridge Polo Club member on the team.** Ambulance and Umpire Fees are covered by entry fee. Team must provide two umpire horses when playing.
4. New Bridge Polo Club does not encourage outdates, and is not obligated to accommodate teams; however we will try to assist teams under certain circumstances. The Team Captain (only) is responsible for submitting outdates for his or her team. No other request will be accepted.
5. Outdates must be provided prior to the tournament with entry fees.
6. Entry will be limited to 6 teams
7. The Club will decide whether or not to accept additional teams based on the following:
 - Number of additional teams requesting to play, time available and the ideal number of teams to fill the best format for the tournament.

In consideration of New Bridge Polo & Country Club granting the Team the privilege to participate in its sponsored tournament and related activities, the Team hereby assigns, transfers and conveys to the New Bridge Polo & Country Club any rights, title and interests in and to any copyright, trademark, service mark, or televising and other transmission or recording of, or in connection with, the sponsored tournaments and related activities, and further acknowledge and agrees that any and all such rights, titles, and interests shall belong to the New Bridge Polo & Country Club exclusively and may be used, reproduced, distributed, or otherwise disseminated by New Bridge Polo & County Club directly or indirectly in any manner it desires.

Signature of Team Captain _____ Date: _____

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ (home/mobile) _____

Email: _____

Please remit payments and forms to:

New Bridge Polo & Country Club

862 New Bridge Road

Aiken, SC 29805

Phone: (803)648-3699

Fax: (803)648-3830

**Checks payable to New Bridge Polo & Country Club
Completed Credit Card Authorization Form**