



OFFICIAL ENTRY FORM

**New Bridge 8 Goal
Copa de Plata**
September 17- October 7, 2018
To be played on the Handicap
Hosted by New Bridge Polo & Country Club, Aiken, SC

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 **\$5500 per team non- member / \$4500 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 is responsible for submitting outdates for his or her team. No other request will be accepted.
5. Outdates must be provided on or before the closing date along with entry fees.

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**