

# THE BAT CUP

(0 - 10 Goals)

FRIDAY 15<sup>TH</sup> JULY – SUNDAY 24<sup>TH</sup> JULY 2016

TEAM NAME: ..... COLOURS:.....

TEAM CAPTAIN:.....

HOME ..... WORK:.....

MOBILE ..... FAX: .....

EMAIL.....

	H/cap	Mobile	email
NO. 1.....	.....	.....	.....
NO.2 .....	.....	.....	.....
NO. 3.....	.....	.....	.....
BACK.....	.....	.....	.....

TOTAL HANDICAP .....

My Team would prefer not to play on\*:

.....  
\*We will make every effort to accommodate but NO guarantees can be given.

### **SPECIAL CONDITIONS**

The Tournament will be played on Handicap under H.P.A. Rules and Regulations for Official Tournaments. Whether it is played as a League or a knockout will depend on the number of entries.

In the event of a tie at the end of the fourth chukka goals **WILL NOT** be widened for a fifth chukka.

I have seen and read the General Conditions of Entry for Tournaments at Beaufort Polo Club and I agree to be bound by them and any specific conditions set out above.

SIGNED (CAPTAIN): ..... Date: .....

Completed entry forms with an entry fee of: £250/player who is a playing member of the Beaufort Polo Club or £375 /non-member must reach the Polo Manager by Friday 1<sup>st</sup> July.

Send completed application forms to Beaufort Polo Club, Westonbirt, Tetbury, Glos. GL8 8QW. Cheques should be made payable to The Beaufort Polo Club. Debit card payments and cheques do not incur a fee. Credit card payments will incur a 3% surcharge.

- I enclose a cheque for £ ..... made payable to the Beaufort Polo Club
- Please charge my credit/debit card (+ 3% surcharge on credit cards) £ .....

Card type: M'card/Visa Credit/Visa Debit/Amex/	
Card number: .....	Amount £.....
Expiry date.....	Security number.....Issue.....
Signed.....	Date.....