

THE SOMERVILLE LIVINGSTONE – LEARMONTH TROPHY (0 - 6 Goals)

TUES 2ND AUGUST – SAT 13TH AUGUST 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.

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 £200/player who is a playing member of the Beaufort Polo Club or £300/non-member must reach the Polo Manager by Tuesday 19th July 2016.

Send completed application forms to Beaufort Polo Club, Westonbirt, Tetbury, Glos, GL8 8QW. Cheques should be made payable to 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/debt card (+ 3% surcharge on credit card transactions) £

Card type: M'card/Visa Credit/Visa Debit/Amex/

Card number: Amount £.....

Expiry date.....Security number.....Issue.....

Signed.....Date.....