# T h e a r t h u r l u c a s c u p

(12 – 15 Goal)

Tues 22nd Aug – sun 3rd Sept 2017 (Semi finals 1st Sept)

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 as a league.

Minimum individual handicap for a player is 0 goals.

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

The hpa will be providing professional umpires for all Victor Ludorum 15 goal matches.

Teams will be invoiced separately for this by the hpa at a cost of £375/match

SIGNED (CAPTAIN): ………………………………………… Date: ………………………

**Completed entry forms with an entry fee of £2,500 for a complete BPC team or £3,000 for Non Member entry must reach the Polo Manager by Tuesday 8th August 2017.**

**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 Card transactions) £ ……………..

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

Card number: …………………………………….. Amount £…………………………

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

Signed………………………………………………..Date…………………