# T h e W i c h e n f o r d B o w l

(4 - 8 Goals)

mon 14th aug – Sun 27th aug 2017 (semi finals fri 25th August)

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

TEAM CAPTAIN:……………………………………………………………………………………..………..………

HOME ………………………………………… WORK:…………………………………………

MOBILE ………………………………………… FAX: …………………………………………

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.

The hpa will be providing professional umpires for the semi finals and finals of

all 8 goal victor ludorum tournaments.

Teams will be invoiced separately for this by the hpa at a cost of £225/match

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

**Completed entry forms with an entry fee of £1500 for a complete BPC team or £2,000 for Non Member team entry must reach the Polo Manager by Tuesday 25th July 2017.**

**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/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…………………