# T h e Fairfax & favor

# E d u a r d o R o j a s L a n u s s e C u p

 (2 - 6 Goals)

tues 6th June – sat 17th june 2017 (semi Finals 15th June)

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.

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

all 6 goal victor ludorum tournaments.

Teams will be invoiced separately for this by the hpa at a cost of £250/match

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

**Completed entry forms with an entry fee of £1,250 for a complete BPC team or £1,750 for Non Member team entry must reach the Polo Manager by Wednesday 17th May 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/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…………………