

UNITED STATES POLO ASSOCIATION®

Tournament Guide

9011 Lake Worth Road - Suite A
Lake Worth, Florida 33467

Telephone: (800) 232-8772
Fax: (888) 391-7410

tournaments@uspolo.org
www.uspolo.org



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Tournament Guide Checklist:

Interested in hosting a USPA tournament?

- Are you an Active USPA Club?** You may pay your dues:
 - Online - www.uspolo.org
 - Phone - 800-232-8772,
 - Check - 9011 Lake Worth Road
Lake Worth, FL 33467
- Have you filled out the proper application and submitted it to the USPA?**
- Do you have liability insurance?**
- Has your tournament been approved by your Circuit Governor and/or the Tournament Committee?**
 - To verify approval, e-mail tournaments@uspolo.org
- Did you indicate if you would like to use the Trophy Reimbursement Program? Or have the USPA provide trophies for you (National and Circuit Events ONLY)?**
- For information on USPA Umpires please contact Maggie Mitchell, mmitchell@uspolo.org**
- Send a roster of all participants to the USPA office for verification of handicap and current member status.**
 - All players must be current with their USPA dues and handicapped for a tournament to be recognized by USPA and eligible for Blue Book Publication.
 - If you have any questions or need verification contact USPA Membership, membership@uspolo.org
- Once tournament is completed, send the [Tournament Results Packet](#) to the USPA:**
(pg.)
 - Fax: 888-391-7410
 - Mail: 9011 Lake Worth Road
Lake Worth, FL 33467
 - Email: tournaments@uspolo.org



THE DIFFERENT USPA TOURNAMENTS:

USPA National Tournaments: National Tournaments are known to be the most prestigious polo tournaments in the nation. These tournaments are listed in the USPA Blue Book and are set to be played at a specified goal level. Clubs wishing to host these tournaments must apply using the National Event application, the application must then be recommended by the USPA Tournament Committee for approval by the Board of Governors at the April meeting. Once approved, the club will be sent an invoice for the contract fee. Fifty percent of the contract fee is due within 30 days of the awarding of the event. The balance of the fee is due no later than 30 days prior to the beginning of the event. The USPA will provide trophies and a Best Playing Pony Sheet to be awarded. National Tournament results are published in the USPA Bluebook.

Benefits of Hosting a National Event

- Recognition for your Club as a host site.
- National Events attract sponsors.
- Results and team photo published in the Blue Book
- Awards provided by USPA
- Multi-year awards are available (additional fees apply)

USPA Circuit Tournaments: Circuit Events are available for both arena and outdoor play. They are available in many goal levels to any USPA Active Member Club. The Host Club must fill out the Circuit Event application and choose from a set list of tournament names in which they can apply to host. The application is then submitted to the USPA office. The Circuit Governor is then contacted to acquire approval of the event. The USPA provides trophies to be awarded to the winners. Results from USPA Circuit Events are published in the USPA Blue Book.

Benefits of Hosting a Circuit Event:

- Prestige of a USPA Event.
- Results and team photo published in the Blue Book.
- Awards provided by USPA

USPA Sanctioned Tournaments: Host Clubs may also choose to have the USPA sanction an event. For these events the Club is allowed to choose the name of the tournament they wish to host. They must complete the Sanctioned Event application and submit it to the USPA. The USPA will contact the Circuit Governor for approval or for tournaments over twelve goals it will be submitted to the Tournament Committee for approval. Clubs are responsible for providing trophies or awards to the winners. Results from USPA Sanctioned Events are published in the USPA Bluebook.

Benefits of Hosting a Sanctioned Event

- Prestige of a USPA Event
- Club chooses the event name.
- Results and team photo published in the Blue Book.
- Club "owns" the event and may continue hosting it as long as the fee is paid



NATIONAL EVENT APPLICATION

FOR THE YEAR: 20__

UNITED STATES POLO ASSOCIATION

9011 Lake Worth Rd. ♦ Lake Worth, Florida 33467

Telephone: (800) 232-8772 Fax: (888) 391-7410

Website: www.uspolo.org E-mail: tournaments@uspolo.org

_____ Polo Club hereby applies to be Host Club for the following event:_____
to be played at the goal level listed in section I. A under the Tournament Condition in the Yearbook, unless approved in writing by the Tournament Committee.
In support of this application, we submit the following:

- 1. Expected starting dates: ____/____/____. Date of Final game: ____/____/____.
2. Do you intend to use USPA Professional Umpires? [] Yes [] No
3. Tournament Representative responsible for Umpires (Name and Contact Info) _____
4. Tournament Equine Welfare Representative_____
5. Do you want us to send trophies or will you use the "Trophy Reimbursement Program" _____
Address to Send Trophies_____

CONTRACT FEE:

50% of the contract fee is due within 30 days of the awarding of the event. The balance of the fee is due no later than 30 days prior to the beginning of the event.

Table with 3 columns: Handicap Level, Outdoor Fee, Arena Fee. Rows include goal ranges from Over 24 goal to Women's Events with corresponding fees.

*The Regional President's Cup has a tournament entry fee of \$100.00 per team with a minimum of 4 teams.

PROFESSIONAL UMPIRES:

Preference will be given to a Host Club agreeing to employ USPA Professional Umpires. (Use of USPA Umpires is a requirement for tournaments 20 Goals and above and recommended for 12 goals and above, free umpires will be provided for tournaments 6 goals and below). For more information contact Umpire Manager, Maggie Mitchell mmitchell@uspolo.org

LIABILITY INSURANCE:

Effective January 1994, USPA Clubs wishing to host USPA National, Circuit and Sanctioned Events, must produce a certificate of Insurance including participant liability of a minimum coverage of \$1,000,000.00 NO EVENT WILL BE AWARDED WITHOUT A CERTIFICATE ON FILE

HOST TOURNAMENT COMMITTEE (see page 2 for host club tournament committee responsibilities):

Please list members of the host tournament committee for this event:

Three horizontal lines for listing committee members.

SPECIFIC TOURNAMENT CONDITIONS:

Please list specific tournament conditions that will be used for the tournament (example: instant replay, shoot out, etc.)

Three horizontal lines for listing tournament conditions.

Tournament Conditions: Section V. TOURNAMENT FEES AND CHARGES: Paragraph C: The fees charged by the Host Club for participation in a USPA National Event, shall not exceed the amounts approved by the Board of Governors. No additional fees or charges shall be imposed upon participants. Fees shall not be structured in a manner which causes the cost of event participation by individuals who are not members of the Host Club to exceed the cost of participation by Host Club members. Failure to comply with this condition may result in the Tournament being withdrawn.

Signature: _____ Date: _____

Club Delegate or President

TOURNAMENT COMMITTEE APPROVAL: [] Yes [] No Date of Approval/Denial: _____



CIRCUIT EVENT APPLICATION
FOR THE YEAR: 20__
UNITED STATES POLO ASSOCIATION

9011 Lake Worth Rd • Suite A
Lake Worth, Florida 33467
Telephone: (800) 232-8772 Fax: (888) 391-7410
Website: www.uspolo.org E-mail: tournaments@upolo.org

Polo Club hereby applies to be Host Club for the following event:

(Club Name)

OUTDOOR

Grid of checkboxes for outdoor events: 8-12 Intra-Circuit, 4-8 Officer's Cup, 0-4 Player's Cup, *Governor's Cup, *Centennial Cup, *Amateur Cup, *Women's Challenge, *National Youth Tournament Series, *USPA/PTF Senior's Tournament, *Constitution Cup, *Congressional Cup, *Sportsmanship Cup, *Masters Cup, *Hall of Fame Challenge Cup

ARENA

Grid of checkboxes for arena events: 12+ Circuit Arena Championship, 9-12 Circuit Arena Chairman's Cup, 6-9 Circuit Arena Delegate's Cup, 3-6 Circuit Sherman Memorial, 0-3 Circuit Arena Amateur Cup, *Circuit Arena Congressional Cup, *Circuit Arena Constitution Cup, *Circuit Arena Masters Cup, *Circuit Arena Sportsmanship Cup, *Circuit Arena Hall of Fame Challenge Cup

NOTE: * Goal level _____ to be approved by Circuit Governor.
** Centennial Cups are to be awarded to those clubs not hosting a National or Circuit Event.

- 1. Expected starting dates: ____/____/____. Date of Final game: ____/____/____.
2. Do you intend to use USPA Professional Umpires? Yes No
3. Tournament Representative responsible for Umpires (Name and Contact Info): _____
4. Tournament Equine Welfare Representative: _____
5. Do you want us to send trophies or will you use the "Trophy Reimbursement Program" _____
Not Valid for National Youth Tournament Series or Governors Cup
Address To Send Trophies: _____

PROFESSIONAL UMPIRES:

Preference will be given to a Host Club agreeing to employ USPA Professional Umpires.

LIABILITY INSURANCE:

Effective January 1994, USPA Clubs wishing to host USPA National, Circuit and Sanctioned Events, must produce a certificate of Insurance including participant liability of a minimum coverage of \$1,000,000.00 NO EVENT WILL BE AWARDED WITHOUT A CURRENT CERTIFICATE ON FILE

HOST TOURNAMENT COMMITTEE (see page 2 for host club tournament committee responsibilities):

Please list members of the host tournament committee for this event:

Three horizontal lines for listing committee members

SPECIFIC TOURNAMENT CONDITIONS:

Please list specific tournament conditions that will be used for the tournament (example: instant replay, shoot out, etc.)

Three horizontal lines for listing tournament conditions

Signature: _____ Phone #: _____ Date: _____

Club Delegate or President

Signature: _____ Date: _____

USPA Circuit Governor



SANCTIONED EVENT APPLICATION
FOR THE YEAR: 20

UNITED STATES POLO ASSOCIATION

9011 Lake Worth Rd. ♦ Lake Worth, Florida 33467
Telephone: (800) 232-8772 Fax: (888) 391-7410
Website: www.uspolo.org E-mail: tournaments@uspolo.org

Polo Club hereby applies to be Host Club for the

(Club Name)

(Tournament Name)

Event at the goal level: (12+ goal events must be approved by the Tournament Committee)

Event type: (Outdoor or Arena) In support of this application, we submit the following:

- 1. Expected starting dates: / / . Date of Final game: / / .
2. Do you intend to use USPA Professional Umpires? Yes No
3. Tournament Representative responsible for Umpires (Name and Contact Info)
4. Tournament Equine Welfare Representative

SANCTIONING FEE:

The annual sanctioning fee is based on the upper handicap level falling in the category as per the following table, and is payable to the USPA within 30 days of the date the sanctioning is approved.

Table with 4 columns: Handicap Level, Outdoor Fee, Arena Fee. Rows include Over 16 goal, 13-16 goal, 9-12 goal, 7-8 goal, 0-6 goal, and Women's Events.

PROFESSIONAL UMPIRES:

Preference will be given to a Host Club agreeing to employ USPA Professional Umpires. (Use of USPA Umpires is a requirement for tournaments 20 Goals and above and recommended for 12 goals and above, free umpires will be provided for tournaments 6 goals and below). For more information contact Umpire Manager, Maggie Mitchell mmitchell@uspolo.org

LIABILITY INSURANCE:

Effective January 1994, USPA Clubs wishing to host USPA National, Circuit and Sanctioned Events, must produce a certificate of Insurance including participant liability of a minimum coverage of \$1,000,000.00 NO EVENT WILL BE AWARDED WITHOUT A CERTIFICATE ON FILE

HOST TOURNAMENT COMMITTEE (see page 2 for host club tournament committee responsibilities):

Please list members of the host tournament committee for this event:

Three horizontal lines for listing committee members.

SPECIFIC TOURNAMENT CONDITIONS:

Please list specific tournament conditions that will be used for the tournament (example: instant replay, shoot out, etc.)

Three horizontal lines for listing tournament conditions.

Signature: Club Delegate or President Date:

Signature: USPA Circuit Governor Date:

TOURNAMENT COMMITTEE APPROVAL: Yes No DATE OF APPROVAL/DENIAL:

HOST CLUB TOURNAMENT COMMITTEE RESPONSIBILITIES

- A. The Host Club is responsible for the collection and remittance of all USPA entry fees, contract fees, club dues, player dues, Host Club entry fees, and any other charges related to the event.
- B. The Host Club shall communicate the details of the event in such a way as to encourage maximum participation.
- C. The Host Club shall receive entry forms from all teams participating in the event on forms supplied by the USPA, and shall receive waiver, indemnity, assignment and hold harmless agreements from all individuals participating in the event on forms supplied by the USPA. The Host Club agrees to indemnify, defend and hold USPA harmless against and from any and all suits, claims, demands, damages, liabilities, costs, and expenses (including reasonable counsel fees) arising out of USPA's use of photographic, broadcasting, taping, filming, television or similar rights, of any kind, of teams or individuals participating in the event who have not signed the prescribed USPA forms.
- D. The Host Club shall appoint a Tournament Committee which shall be responsible for conducting the event. As a condition for awarding the USPA National Event to the Host Club, the Board of Governors may reserve unto itself the right to designate and/or approve appointments to the Host Club Tournament Committee. The responsibility of the Club Tournament Committee starts at the time of the draw and end at the conclusion of the final game.
- E. The Tournament Committee shall select officials, including timer, scorer, and flaggers, for all matches. When possible, Umpires shall conform to the following standards:
- | | |
|--|-------------------------------------|
| Upper handicap limit of 22 goals and over | AA Certified Umpire |
| Upper handicap limit of 22 goals and below | AA-A Certified Umpire |
| Upper handicap limit of 16 goals and below | AA-A-BB Certified Umpire |
| Upper handicap limit of 12 goals and below | AA-A-BB-B Certified Umpire |
| Upper handicap limit of 8 goals and below | AA-A-BB-B-CC Certified Umpire |
| Upper handicap limit of 4 goals and below | AA-A-BB-B--CC-C-CT Certified Umpire |
- USPA Certified Umpires, if available, should be used. As a condition for awarding the USPA National event to the Host Club, the Board of Governors may reserve unto itself the right to designate and/or approve the umpires to be employed for the event. The USPA may also require that the Host Club enter into a contract with the USPA for the provision for umpires.
- As a condition to awarding National, Circuit, or Sanctioned tournaments with an upper handicap limit of 20 goal and above, the Host Club will be required to contract with the USPA for at least two professional USPA certified umpires. In addition, horse emergency equipment (i.e. designated horse ambulance, screen, leg splint) must also be at field side during all tournament games.
- F. The Host Club Tournament Committee shall apply and enforce USPA Rules and Policies throughout the event and shall, where necessary, make decisions regarding the interpretation of such Rules and Policies. The decision of the Committee is final, subject only to the authority of the USPA Board of Governors.
- In events with an upper handicap level of 20 goals or more, the Host Tournament Committee may choose the Defended or Undefended procedure for Penalty No. 3.
- G. The USPA owns all TV rights to USPA Tournaments. Prior to TV coverage, contact the USPA office for authorization and approval. For events to which USPA By-Law Section 5 applies, the Host Club shall obtain and grant to the USPA the right to use, and to permit others designated by the USPA to use, the name and pictures of the Host Club and all facilities and grounds used in connection with or related to the event, and the likenesses or pictures of all personnel, participants, spectators and any other related subjects at the event, in television and radio broadcasts, motion pictures, and similar media, and in advertising, publicizing and promoting the events.



Liability Insurance Information:

Effective January 1994, USPA Clubs wishing to host USPA National, Circuit and Sanctioned Event must produce a certificate of Insurance including Participant liability of minimum cover of \$1,000,000. **NO EVENT WILL BE AWARDED WITHOUT A CERTIFICATE ON FILE.**

Important Points regarding liability insurance:

- The box listing the insured must be the USPA Club who is hosting the event and the name must appear as the USPA has it on file.
- Minimum participant liability of \$1,000,000.00 and additional aggregate is a bonus.
- The policy must cover the tournament dates. Tournaments that fall outside of the effective and/ or expiration date will not be awarded or considered a USPA tournament.
- It is the Club's responsibility to ensure the USPA has up-to-date copies of the insurance policies when the policy is renewed.
- The Certificate Holder must be listed as the United States Polo Association
- The USPA asks that if a policy is cancelled prior to the expiration date, that the issuing company will mail thirty days written notice to the USPA.

If you need to obtain Liability Insurance, contact Equisure: www.equisure-inc.com or your local insurance provider.

Please see the next page for an example of EXACTLY what the USPA requires on a Certificate of Liability Insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">CONTACT NAME:</td> </tr> <tr> <td style="width: 75%; border-bottom: 1px solid black;">PHONE (A/C. No. Ext):</td> <td style="width: 25%; border-bottom: 1px solid black;">FAX (A/C. No):</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER A :</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER B :</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER C :</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER D :</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER E :</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INSURER F :</td> </tr> </table>	CONTACT NAME:		PHONE (A/C. No. Ext):	FAX (A/C. No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$																
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 15%;">WC STATUTORY LIMITS</td> <td style="width: 10%;">OTHER</td> <td style="width: 70%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>		WC STATUTORY LIMITS	OTHER			E.L. EACH ACCIDENT		\$		E.L. DISEASE - EA EMPLOYEE		\$		E.L. DISEASE - POLICY LIMIT		\$
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	E.L. EACH ACCIDENT		\$																				
	E.L. DISEASE - EA EMPLOYEE		\$																				
	E.L. DISEASE - POLICY LIMIT		\$																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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USPA Trophy Reimbursement Program

The USPA offers a Trophy Reimbursement Program (TRP) for clubs hosting USPA National and Circuit Events. This will allow clubs to purchase their own winners' awards and then be reimbursed for a set amount (shown below).

Clubs will need to follow these simple steps:

1. Submit a Tournament Application:
 - Circuit Event
 - National Event
2. Designate on the application that the club will be using the TRP.
3. Order trophies. Prize Possessions, www.prizepossessions.com, and Sterling Cut Glass, <http://www.sterlingcutglass.com>, offer a discount for USPA tournaments. You may also use a trophy supplier of your choice.
4. Fill out the Reimbursement Form on page 12.
5. Submit the purchase receipt and Reimbursement Form to Lindsey Ebersbach at lebersbach@uspolo.org or via fax (888) 391-7410.

This program cannot be used for the following tournaments: **Circuit Governor's Cup, National Youth Tournament Series, Circuit Hall of Fame Challenge or USPA/PTF Seniors Tournament.**

Reimbursement Amounts:
Circuit Outdoor Event - \$140
Circuit Arena Event - \$120
National Outdoor Event - \$600
National Arena Event - \$500



TROPHY REIMBURSEMENT

United States Polo Association
9011 Lake Worth Road- Suite A
Lake Worth, FL 33467
800-232-USPA (8772) FAX: 888-391-7410

DATE: _____

Invoice #: _____
(To be filled by USPA)

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Social Security # or EIN-as appears on tax return: _____

Direct Deposit(ACH) info: ROUTING #: _____ Account: _____

Bank Name: _____ ACCOUNT TYPE: Checking ◇ Savings ◇

Please be advised that some state government agencies may require withholding for individuals and corporation in relation to services performed.

DEPARTMENT		LOCATION OF WORK PERFORMED—CITY & STATE
DATE	DESCRIPTION OF SERVICE/ REIMBURSEMENT	AMOUNT
Signature: _____	TOTAL	
Director's Signature _____		

INTERNAL USE ONLY: ACCOUNT CODE: _____



HOSTING AN ARENA TOURNAMENT

USPA ARENA "INCENTIVE" PROGRAM

USPA Arena Committee, in an effort to increase participation in Arena Polo has received Board approved funds that will be used to reimburse certain expenses for USPA member clubs that host the following tournaments:

<u>TOURNAMENT</u>	<u>GOAL LEVEL</u>	<u>AMOUNT REIMBURSED</u>
CIRCUIT ARENA MASTERS CUP (8)	*	\$300.00
CIRCUIT ARENA SHERMAN MEMORIAL (5)	3-6	\$600.00
CIRCUIT ARENA DELEGATES CUP (2)	6-9	\$600.00
CIRCUIT ARENA CHAIRMANS CUP (1)	9-12	\$600.00
NATIONAL ARENA SHERMAN MEMORIAL (1)	3-6	\$750.00
NATIONAL ARENA DELEGATES CUP (1)	6-9	\$750.00
NATIONAL ARENA CHAIRMANS CUP (1)	9-12	\$750.00

REQUIREMENTS:

- All tournaments are subject to approval by your Circuit Governor (and) or the Tournament Committee.
- These funds are in addition to any other available USPA funds (umpiring, marketing, etc.)
- For Circuit events you must have a minimum of three teams compete in the event to be eligible for this reimbursement.
- For National events you must have a minimum of four teams compete in the event to be eligible for this reimbursement.

For more information or to apply, contact Bob Puetz: bob@uspolo.org

These funds are limited and will be approved on a first come first served basis



REIMBURSEMENT REQUEST

United States Polo Association
 9011 Lake Worth Road
 Suite A
 Lake Worth, FL 33467
 800-232-USPA (8772) FAX 888-391-7410

DATE: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Social Security # or EIN: _____

Direct Deposit (ACH) Info: ROUTING #: _____ Account # _____

Bank Name: _____ ACCOUNT TYPE: Checking Savings

Please be advised that some state government agencies may require withholding for individuals and corporations in relation to services performed.

DEPARTMENT	TOURNAMENT NAME
ARENA INCENTIVE PROGRAM	

DATE	<i>All receipts must be submitted</i>		\$ AMOUNT
Signature: _____		TOTAL	
USPA APPROVAL: _____			

	Tournament Information	
Tournament Name	List Teams in Tournament	Dates Played

THIS FORM MUST BE COMPLETELY FILLED OUT AND SUBMITTED WITH ALL RECEIPTS.

WOMEN'S EVENT HANDICAPS

The Women's Handicap Committee & The Women's Committee

USPA Outdoor Women's Tournaments will use Women's Event Handicaps

About the Women's Handicap

The Women's Handicap System and Women's Outdoor Event Handicap was proposed by USPA Governor-At-Large, Sunny Hale, in an attempt to address the compression issue of players rated (-2) to 2 goals.

The Women's Outdoor Event Handicap is for use in women's outdoor polo tournaments only, and does not affect any other handicap or ability to play in mixed co-ed polo.

The Women's Outdoor Event Handicap is based on performance in women's polo tournaments. The more often a female player participates in women's polo tournaments, the better chance she has to be seen, evaluated and to improve her handicap.

The Women's Outdoor Event Handicap and any changes to it will be assessed by the Women's Handicap Committee, using the Women's Handicap System.

Women's Handicap Scale:

0-10 goals (0 = lowest: 10 = highest/best)
N = (New to polo)

Women's Outdoor Event Handicap Levels:

Suggested Handicap limits for outdoor women's events:

0-4 goal
4-8 goal
8-10 goal
10 -12 goal
12-16 goal
16-20 goal

*18-24 USPA Women's Open

Notes:

Low Goal = 0-8 goal (0-4 / 4-8)
Medium Goal = 8-16 goal (8-10 / 10-12)
High Goal = 16 – 20 goal and above

Women's Event Tournament Fees:

All National and Sanctioned Women's Tournaments will have a set tournament fee of \$100.

If you have any Women's Handicap questions, please contact Women's Handicap Committee Chairman, Maureen Brennan: maureen@vipoloclub.com or (540) 270-4977

If you have any other Women's Polo related questions, please contact Women's Committee Chairman, Erica Gandomcar-Sachs: erica@denverpoloclub.com or (970) 206-9460

USPA ROSTER:

TEAM: _____

TEAM: _____

1. _____ HCP ____

1. _____ HCP ____

2. _____ HCP ____

2. _____ HCP ____

3. _____ HCP ____

3. _____ HCP ____

4. _____ HCP ____

4. _____ HCP ____

ALT. _____ HCP ____

ALT. _____ HCP ____

TEAM: _____

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1. _____ HCP ____

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ALT. _____ HCP ____

ALT. _____ HCP ____



United States Polo Association®

9011 Lake Worth Road
 Lake Worth, FL 33467
 800-232- Fax: 800-391-7410
tournaments@uspolo.org

OFFICIAL SCORE SHEET

EVENT: _____

CLUB: _____

DATE: _____

TEAM: _____

COLOR: _____

Position	HCP	Player	1		2		3		4		5		6		OT		Totals
			Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	
1																	
2																	
3																	
4																	
ALT																	
TOTAL HCP/ PTS AWD	PONY GOALS & PENALTY 1																
	TOTALS		/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	INJURIES (EQUINE/HUMAN)																

TEAM: _____

COLOR: _____

Position	HCP	Player	1		2		3		4		5		6		OT		Totals
			Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	
1																	
2																	
3																	
4																	
ALT																	
TOTAL HCP/ PTS AWD	PONY GOALS & PENALTY 1																
	TOTALS		/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	INJURIES (EQUINE/HUMAN)																

UMPIRES: _____

REFEREE: _____

SCORE KEEPER: _____

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z a b c d e f g h i j k l m n o p q r s t u v w x y z



United States Polo Association®

9011 Lake Worth Road
 Lake Worth, FL 33467
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ROUND ROBIN SCORE SHEET

EVENT: _____

CLUB: _____

DATE: _____

Team/ Color	Position	HCP	Player	1		2		3		4		5		6		Totals	
				Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty		
	1																
	2																
	3																
	4																
	ALT																
	TOTAL HCP/ PTS AWD			PONY GOALS & PENALTY 1													
				TOTALS	/	/	/	/	/	/	/	/	/	/	/	/	
Team/ Color	Position	HCP	Player	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Totals	
	1																
	2																
	3																
	4																
	ALT																
	TOTAL HCP/ PTS AWD			PONY GOALS & PENALTY 1													
				TOTALS	/	/	/	/	/	/	/	/	/	/	/	/	
Team/ Color	Position	HCP	Player	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Goal	Penalty	Totals	
	1																
	2																
	3																
	4																
	ALT																
	TOTAL HCP/ PTS AWD			PONY GOALS & PENALTY 1													
				TOTALS	/	/	/	/	/	/	/	/	/	/	/	/	
INJURIES (EQUINE/HUMAN)				/	/	/	/	/	/	/	/	/	/	/	/		

UMPIRES: _____

REFEREE: _____

SCORE KEEPER: _____

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z a b c d e f g h i j k l m n o p q r s t u v w x y z

**UNITED STATES POLO ASSOCIATION®
SCORE KEEPING INSTRUCTIONS**

Prepare Score Sheet

1. Enter name of Event, Host Club Name and date of the match
2. Enter Team Name and Jersey Colors
3. Enter Player's Full Name (the same as their USPA Membership) and their current USPA (verified) handicap
4. Enter Player's position on the team – may require verification at start of game
5. Enter total Team handicap and if any points are awarded based on handicap
6. Enter goals awarded by handicap
7. Mark which teams are playing in which chukkers by marking through the “down” chukkers
8. Indicate full names of Officials

Instructions for Chukkers

1. In the chukker number box of the top team, indicate the direction the team is going at the start of each chukker.
→ ←
1 2
2. In case teams get mixed up in the direction they are traveling, you can determine the correct direction by the direction they started at the beginning of the chukker and the number of goals scored. (Example: Odd goals are the opposite direction, even goals, the same direction, unless a Penalty #1 is awarded.)

Instructions for Keeping Score

1. Each goal scored shall receive a consecutive alpha (A, B, C, etc.) designation.
2. Goals are to be entered beside the scoring player's name.
3. The alpha sequence of goals will indicate the scoring pattern.
4. The score shall be subtotaled after each chukker, and the running total, including handicap, carried forward, then compared to the score board for accuracy. Do not start the chukker until the difference is determined and corrected.
5. Penalties converted are indicated by inserting the penalty number with the alpha designation. (A.4 or B.2)

Instructions for Counting “Penalties”

1. Each Penalty shall be indicated by the number of the Penalty (2, 3, 4, 5, 5b) entered in the “Penalty” box of the person who committed the penalty

4. 3. 5. 2

2. If the Penalty is converted to a score, the Penalty number is circled.

4, ③, 5, ②

3. Re-hits of the same Penalty are not considered “new” Penalties.

4. Also circle the letter of the goal made on the penalty shot

A. B. ③

Instructions for Counting “Injuries”

1. For each chukker indicate whether any injuries occurred by marking the number of injuries in the “Injuries Box”

Comments and explanations required may be made in the space at the bottom of the Score Sheet. Note specific information during an injury. i.e. The chukker, time on the clock, who was injured. You may want to have the EMT/Paramedic/Doctor write a brief description of injury and course of action taken.



Good Photo

It is important that we receive high resolution images of the winning team. Please follow the helpful tips below to ensure the photos will translate well to print media.

- Use a DSLR or compact camera for 300 dpi image
- Shoot on the “Large” JPEG file setting
- All players focused on the camera
- Club name in the background if applicable
- Trophy(ies) present
- Subjects in focus



Poor Photo

In order for photographs to print correctly they need to be shot with a DSLR, compact camera, or a high-end smartphone. Images that are low resolution do not print well, and can take away from the great memory. Please see below for things that can ruin a tournament photograph.

- Photos taken on old cameras, or phones resulting in poor quality
- Images not at 300 dpi
- Players not all looking at the camera
- Unnecessary people in the frame
- Subjects out of focus or slow shutter speed
- If photo is taken on mounts helmets must be on players

USPA Tournament Results Package
For Blue Book

Host Club: _____

Tournament: _____

Play Dates: _____



WWW.USPOLO.ORG

Please complete enclosed forms at conclusion of tournament and return to:

United States Polo Association
9011 Lake Worth Rd – Suite A
Lake Worth, FL 33467

Email: tournaments@uspolo.org

SUMMARY OF TEAM ENTRIES

TEAM: _____

1. _____ HCP _____

2. _____ HCP _____

3. _____ HCP _____

4. _____ HCP _____

ALT. _____ HCP _____

TEAM: _____

1. _____ HCP _____

2. _____ HCP _____

3. _____ HCP _____

4. _____ HCP _____

ALT. _____ HCP _____

TEAM: _____

1. _____ HCP _____

2. _____ HCP _____

3. _____ HCP _____

4. _____ HCP _____

ALT. _____ HCP _____

TEAM: _____

1. _____ HCP _____

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4. _____ HCP _____

ALT. _____ HCP _____

TEAM: _____

1. _____ HCP _____

2. _____ HCP _____

3. _____ HCP _____

4. _____ HCP _____

ALT. _____ HCP _____

TEAM: _____

1. _____ HCP _____

2. _____ HCP _____

3. _____ HCP _____

4. _____ HCP _____

ALT. _____ HCP _____

Email win photo to:
tournaments@uspolo.org

Winning Team: _____

Names Left to Right (please print - no initials, no nicknames)

1. _____

2. _____

3. _____

4. _____

Other: _____

MVP: _____

Best Playing Pony: _____

Owner: _____

Equine Welfare Representative: _____

Officials: _____

Injuries during Tournament:

Equine: _____

Player: _____

SUMMARY OF GAMES

Name of Tournament: _____

Host Club: _____ CIRCUIT: _____

Dates: _____ Handicap Level: _____

Game 1

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Game 2

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Game 3

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Game 4

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Game 5

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Game 6

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Game 7

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Game 8

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Please use next page for additional games

FINAL GAME

TEAM: _____ Score: _____ vs Team: _____ Score: _____

Umpires: _____ Referee: _____
