



**UNITED STATES POLO ASSOCIATION®**

9011 LAKE WORTH ROAD, LAKE WORTH FLORIDA 33467

**INTERSCHOLASTIC VARSITY LETTER PROGRAM**

I'm applying for the USPA Interscholastic Varsity Letter Program for the following year(s):

Freshman     Sophomore     Junior     Senior

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME
STREET	CITY
PHONE	USPA MEMBER NUMBER
EMAIL	
BIRTHDATE	EXPECTED GRADUATION YEAR
NAME OF HIGH SCHOOL OR HOME SCHOOL PROGRAM	
WOULD YOU LIKE USPA TO NOITFY YOUR SCHOOL OF YOUR PARTICIPATION IN THIS PROGRAM?	
SCHOOL EMAIL	

*SENIORS ONLY:*

COLLEGE/UNIVERSITY WILL BE ATTENDING \_\_\_\_\_

**QUALIFICATIONS - COACH VERIFICATION**

INTERSCHOLASTIC TEAM NAME \_\_\_\_\_

COACH NAME \_\_\_\_\_

COACH CONTACT \_\_\_\_\_

ACTIVE TEAM MEMBER

100 HOURS

REGULAR SEASON GAME 1:	vs	DATE
REGULAR SEASON GAME 2:	vs	DATE
REGULAR SEASON GAME 3:	vs	DATE
REGULAR SEASON GAME 4:	vs	DATE

TOURNAMENT PLAYED: \_\_\_\_\_  
DATE

COACH'S SIGNATURE \_\_\_\_\_

**USPA USE ONLY**

<input type="radio"/> USPA MEMBER	<input type="radio"/> HOURS VERIFIED
<input type="radio"/> I/I TEAM MEMBER	<input type="radio"/> GAMES VERIFIED
<input type="radio"/> MEETS I/I ELIGIBILITY REQUIREMENTS	<input type="radio"/> TOURNAMENT VERIFIED

APPROVED BY: \_\_\_\_\_ USPA REP SIGNATURE \_\_\_\_\_

