

Aiken Polo Club Tournament Entry Form 2017

	Tournament Name	: :
188 ^{2°}	Team Name:	
Number	Name	Handicap
#1		
#2		
#3		
#4		
# ALT		
Total		
has pa 2. Prior to sub handi 3. Tournamen 6 Go 4. Aiken Polo will to respo	aid his or her current year's omitting entry, Captain shall caps. It entry fee must accompany al: \$3,500. 4 Goal & below Club does not encourage or y to assist teams under cert nsible for submitting outdat sts by individuals other than	n shall confirm with the USPA office that each player registration fee with the USPA. review his players' handicap cards to determine correct this form: entries are not accepted without payment. \$3,000. ut dates and is not obligated to accommodate teams. Wain circumstances, however. The team captain is es for his or her team. Aiken Polo will not consider the team captain. Please note any outdates below.
days j send s substi Cell phone (p	prior to the start of the tourn via email and posted to the itute should be used. blease note if you cannot be	rnament start date. Schedules will be published seven ament and are final once published. Schedules will be APC website. If an individual is unable to play, a reached via text:
	in Signature	Date:

Please submit this document to the Aiken Polo Club Office. bkrpolo@aol.com; P.O. Box 3021, Aiken SC 29802 FAX: 888-395-9291