



Tournament Entry Form

TOURNAMENT: _____

TEAM NAME: _____ CAPTAIN: _____

SPONSORED BY: _____

COLOURS: _____ 2nd COLOURS: _____

TEAM MEMBERS:

(FORENAMES & SURNAMES)	HANDICAP	HPA CLUB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
TOTAL	_____	

I certify that all ponies in this team have been inoculated against Equine Influenza.

Signed: _____ Date: _____

Email: _____ Tel: _____

This form to be returned to The Polo Office, CNPC, Cam Park, Lode Fen, Lode, CB25 9HF
Or email to: polo@camparkpolo.co.uk