

**PRESIDENT:** THE LORD PHILLIMORE    **CHAIRMAN:** MICHAEL MYLONAS  
**POLO MANAGER:** PEDRO DE LAMARE



## **TOURNAMENT ENTRY FORM 2025**

**Tournament Name & Date:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Colours:** \_\_\_\_\_

**Player Name:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Total Handicap:** \_\_\_\_\_

I enclose a cheque made payable to Binfield Heath Polo Club:

Account Name: Binfield Heath Polo Club

Account Number: 65218086

Sort Code: 60-10-35

TOURNAMENT LEVEL	HOME TEAM	AWAY TEAM
0 Goal	£700.00	£850.00
2 Goal	£800.00	£1,000.00
4 Goal	£900.00	£1,300.00
6 Goal	£1,100.00	£1,600.00
8 Goal	£1,350.00	£1,900.00

Home Teams must consist of at least three BHPC members.

I have read and agree to be bound by the conditions of the tournament.

**Signed Team Captain** \_\_\_\_\_ **Name Team Captain** \_\_\_\_\_

NO TOURNAMENT ENTRY WILL BE ACCEPTED WITHOUT RECEIPT OF A SIGNED FORM. THE PERSON SIGNING THIS FORM IS RESPONSIBLE FOR PAYMENT OF THE TOTAL TEAM ENTRY FEE; ONLY ONE ENTRY FEE WILL BE ACCEPTED PER TEAM. THE PERSON SIGNING THIS FORM IS ALSO RESPONSIBLE FOR ENSURING UMPIRES ARE PRESENT AND READY AT THE TIME REQUIRED OTHERWISE A FINE WILL BE IMPOSED.

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Umpire's Name:** \_\_\_\_\_ **Umpire's Grade:** \_\_\_\_\_

The Coach House, Sonning Common Road, Binfield Heath, Henley-on-Thames, RG9 4JR

Phone: 07792 211259

Email: bhpcmanager@gmail.com

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### **CONDITIONS OF TOURNAMENT ENTRY**

I CERTIFY THAT ALL PONIES HAVE BEEN INOCULATED AGAINST EQUINE INFLUENZA AS LAID DOWN BY THE HPA. I UNDERSTAND THAT OUR TEAM WILL PROVIDE AN UMPIRE PONY FOR EACH OF ITS MATCHES, SADDLED AS FOR POLO AND THAT ALL PERSONS (PLAYERS AND GROOMS) MUST WEAR A HARD HAT WHENEVER ON HORSEBACK AT MATCHES IN THE TOURNAMENT. NO PONIES ARE TO BE STATIONED IN THE SAFETY ZONES DURING PLAY. WHENEVER THERE IS A PRIZE GIVING/PRESENTATION AT THE END ANY MATCH IN THE TOURNAMENT, I AGREE THAT EACH AND EVERY MEMBER OF MY TEAM WILL BE READY AND PRESENT NO LATER THAN 7 MINUTES AFTER THE END OF THE MATCH. PLEASE NOTE THAT PLAYERS MUST BE DRESSED IN TEAM COLOURS, WHITES AND BOOTS. THE TROPHY/CUP IS TO BE ENGRAVED BY THE WINNING TEAM AND RETURNED BEFORE THE TOURNAMENT ON THE FOLLOWING YEAR. I HAVE INDICATED ON THE ENTRY FORM PREFERENCE OF MATCH TIMES OF PREFERRED PLAY HOWEVER AFTER WEDNESDAY 5PM NO FURTHER CHANGES CAN BE MADE BEFORE THE TOURNAMENT OF THE COMING WEEKEND. I HAVE ENSURED THAT UMPIRES ARE AWARE OF THEIR TIMES AND DUTIES AND WILL ARRIVE NO LATER THAN 15 MINUTES BEFORE THE GAME. I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN A FINE OF £50. ALTHOUGH MATCHES WILL BE PLAYED UNDER NORMAL HPA RULES A DEGREE OF FLEXIBILITY WILL BE EXERCISED AT THE SOLE DISCRETION OF THE TOURNAMENT COMMITTEE, IF REQUIRED TO ASSIST THE SMOOTH RUNNING OF THE TOURNAMENT. HANDICAP LIMITS FOR TOURNAMENTS ARE AS FOLLOWS: THE REGULATIONS FOR HANDICAPS ARE AS FOLLOWS: FOR 0 AND 2 GOAL, THE TWO HIGHEST HANDICAPS ARE TO BE NO MORE THAN 4 GOALS. FOR 4 GOAL THE TWO HIGHEST HANDICAPS ARE TO BE NO MORE THAN 5 GOALS. FOR 6 GOAL THE TWO HIGHEST HANDICAPS ARE TO BE NO MORE THAN 7 GOALS ALL OSP MUST PROVIDE A VALID WORK PERMIT FOR POLO PLAYER IN ORDER TO PLAY. ONLY ONE OSP CAN PLAY IN A TEAM. AS TEAM CAPTAIN I WILL ENSURE THAT ALL PLAYERS AND GROOMS IN MY TEAM ARE MADE AWARE OF THE ABOVE RULES AND CONDITIONS AND WE HAVE AGREED TO BE BOUND BY THEM. BY COMPLETING THE ENTRY FORM I AGREE TO ALL OF THE ABOVE.