

VIRGINIA INTERNATIONAL POLO CLUB
INDIVIDUAL & TEAM MEMBERSHIP APPLICATION

_____ (name of team or individual) hereby applies
 for membership to Virginia International Polo Club. Year _____

***IF APPROVED, ALL INDIVIDUALS AND/ OR MEMBERS OF A TEAM AGREE TO
 ABIDE BY ALL OF THE RULES AND POLICIES OF VIPolo CLUB, LLC.***

Individuals or team will not be accepted unless 1) all information below is complete, 2) fees paid, 3) waivers signed and 4) USPA handicaps approved. As team captain or individual player I will comply with all responsibilities and obligations outlined in VIPolo Policies. Waivers and Policies can be downloaded www.vipoloclub.com/forms.htm or provided by manager.

Name; Captain or Individual		
Best Phone #	Alternate #	
Mailing Address		
City	State	ZIP
Email		
Signature		

Team Members	
Player #1	USPA Handicap
Player #2	USPA Handicap
Player #3	USPA Handicap
Player #4	USPA Handicap

PAYMENT

MAKE CHECKS PAYABLE TO: VIRGINIA INTERNATIONAL POLO CLUB LLC
 MAIL TO: PO BOX 2110, MIDDLEBURG, VA 20118
 Player's line: 540-428-6780
 Fax: 540-592-3846
info@vipoloclub.com