

ELLERSTON POLO CLUB

ARCHIBALD-CUDMORE TROPHY

8 GOAL TOURNAMENT

Saturday 4th October to Sunday 12th October 2014

NOMINATION FORM

TEAM NAME: _____

TEAM COLOURS: _____

TEAM CAPTAIN: _____

PLAYERS NAMES	HANDICAP	HORSE NO.	TELEPHONE & EMAIL DETAILS
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
TOTALS: _____		_____	_____

PLAYER ACCOMMODATION: (Please complete the Player Accommodation Requirements for each individual Player, and indicate if being accompanied by wife, children, partner.)

NAMES	ARRIVAL DATE	DEPARTURE DATE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

GROOM ACCOMMODATION (Please provide the name of the grooms and if there are any preferences regarding twin share or single accommodation.)

NAMES	
1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

**NOMINATION FORMS AND FEE'S ARE TO BE LODGED WITH THE ELLERSTON POLO CLUB
BY FRIDAY 12TH SEPTEMBER 2014**

PAYMENT DETAILS

Bank: Westpac Bank, Scone
BSB No: 032-619
Account No: 270270
Account Name: Ellerston Pty Ltd

TOURNAMENT ENQUIRIES

Ellerston Polo: Sue Finn
Office Telephone: 02 6540 7282
Home Telephone: 02 6540 7420
Email: polo@ellerston.com

All Tournament Participants and Visitors are required to comply with the Ellerston WH&S Policies and Procedures. A copy will be provided to you on your arrival at "Ellerston".

