2014 USPA UNITED STATES OPEN

WOMEN'S POLO CHAMPIONSHIP TOURNAMENT PRESENTED BY LAND ROVER HOUSTON CENTRAL



NOVEMBER 4 - 9, 2014 HOUSTON, TEXAS, USA







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USPA U.S. OPEN WOMEN'S POLO CHAMPIONSHIP TOURNAMENT

PRESENTED BY LAND ROVER HOUSTON CENTRAL

November 4th - 9th, 2014

W W W . T H E H O U S T O N P O L O C L U B . C O M

The Tournament

Welcome to the nation's most prestigious title in Women's polo! Land Rover Houston Central and the Houston Polo Club present the 2014 USPA U.S. Open Women's Polo Championship. The Houston Polo Club will host 75 players competing in four levels of polo, as well as exceptional social events. Activities include a Meet the Player's Party, USPA Women's Polo Handicap, Farish Cup Invitational and Sunday's USPA U.S. Open Women's Polo Championship Final.

Team Entries

Pam Mudra Houston Polo Club Executive Director polomanager@thehoustonpoloclub.com

Entry Deadline - October 1, 2014 USPA U.S. Open Women's Polo Championship - 20-26 Goal

Entry Deadline – October 10, 2014 USPA U.S. Open Women's Polo Handicap – 14-18 Goal

Farish Cup Invitational – 4-6 Goal

Bayou City Cup Invitational

PLEASE REFER TO TEAM ENTRY FORM FOR PRICING

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-The USPA U.S. Open Women's Polo Championship and USPA U.S. Women's Polo Handicap are WCT Qualifier events.-

Corporate Sponsorship

For corporate sponsor pricing and additional information, please contact:

Tammy Beeson

Houston Polo Club Executive Business Director

713-997-8375

tbeeson@thehoustonpoloclub.com

Tickets, VIP Seating or Corporate/Group Events

For Red Oak Lawn tickets or box seating to the Sunday polo event, visit the Houston Polo Club website: www.thehoustonpoloclub.com/sunday-polo/tickets

For corporate events or private tented group seating, email our events department: events@thehoustonpoloclub.com

For VIP seating or tailgate space for Saturday's double header or VIP seating for Sunday's final event, email events@thehoustonpoloclub.com

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Schedule of Events

Schedule is subject to change prior to November 1st, 2014.

EXECUTE: TUESDAY, NOVEMBER 4th

USPA U.S. Open Women's Polo Championship Round One Matches - Private Ranch Meet the Players Private Party

WEDNESDAY, NOVEMBER 5th

USPA U.S. Women's Polo Handicap Round One - Private Ranch

EXECUTE: THURSDAY, NOVEMBER 6th

USPA U.S. Open Women's Polo Championship Round Two Matches - Private Ranch Private Ranch Party for Players

№ FRIDAY, NOVEMBER 7th

USPA U.S. Women's Polo Handicap Round Two - Private Ranch Farish Invitational – Houston Polo Club

SATURDAY, NOVEMBER 8th

Bayou City Cup Invitational - Houston Polo Club Final USPA U.S. Women's Polo Handicap – Houston Polo Club Flanders Field Tailgate Party – Houston Polo Club

SUNDAY, NOVEMBER 9th - FINALS

Farish Cup Invitational Finals – Houston Polo Club

USPA U.S. Open Women's Polo Championship Consolation and Finals – Houston Polo Club

2014 LADIES TOURNAMENT TEAM ENTRY FORM USPA U.S. OPEN WOMEN'S POLO CHAMPIONSHIP, 20-26 GOAL



A WCT QUALIFIER EVENT

8552 MEMORIAL DRIVE, HOUSTON, TEXAS 77024 accounting @thehoustonpoloclub.com



This dress above.

Tournament: Dates:	U.S. Open Women's Polo Championship November 4th-9th, 2014	20 - 26 Goal 4 Chukker
Entry Fee:	WITH NAMING RIGHTS – Must provide own jerseys. Per Team: \$1,200.00 Team must own the farm or company whose name they are using on	n jersey.
	WITHOUT NAMING RIGHTS – Teams will be paired with a confidence of the paired with a confidence of the pairing with a naming rights sponsor is not guaranteed.	corporate sponsor, jerseys will be provided by HPC
Ambulance and Umpir Entry Closing Date: Draw Date:	re Fees: Included in Entry Fee Wednesday, October 1, 2014 Sunday, November 2, 2014	
Conditions of Tour	nament:	
Teams to compete		
A / A	ust be paid in full by entry closing date.	
	rm, medical information form, address, and phone num to first match of the tournament.	ber <u>must</u> be on file in the
	Team Colors:	
		12 13/
E-mail:		
	Fax No.:	
Contact Person and P	hone No.:	
POSITION	NAME	RATING
#1		
#2		
#3		
#4	Y 1	
Persons responsible fo	r payment of team entry fee for each player must sign b	elow:
Credit Card Number:		
Exp. Date:	Billing Zip Code: Tot	al Fee:
Printed Name:		
Signature:	Dat	e:

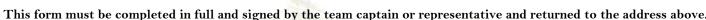
2014 LADIES TOURNAMENT TEAM ENTRY FORM USPA U.S. WOMEN'S POLO HANDICAP, 14-18 GOAL



A WCT QUALIFIER EVENT

8552 MEMORIAL DRIVE, HOUSTON, TEXAS 77024

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Dates:	USPA US Women's Polo Handicap November 4th-9th, 2014	14 - 18 Goal 4 Chukker
Entry Fee:	WITH NAMING RIGHTS – Must provide own jersey Per Team: \$900.00 Team must own the farm or company whose name they are to	
	WITHOUT NAMING RIGHTS – Teams will be paired Per Team: \$700.00 Pairing with a naming rights sponsor is not guaranteed.	with a corporate sponsor, jerseys will be provided by HPC
Ambulance and Umpir Entry Closing Date: Draw Date:	Fees: Included in Entry Fee Friday, October 10, 2014 Sunday, November 2, 2014	
Conditions of Tour	nament:	
	on a handicap basis.	
A STATE OF THE RESIDENCE AND ADDRESS OF THE R	ist be paid in full by entry closing date.	
• All players must be	e current USPA members. Team captain is respond and handicapped.	onsible for team players being
·	rm, medical information form, address, and phone	e number <u>must</u> be on file in the
Polo Office, prior t	to first match of the tournament.	
TN		
Team Cantain:	Team Colors:	The state of the s
Team Address:	Team Colors.	-
F-mail:		Mr. and Mr.
Phone No:	Fax No.:	
Contact Person and Ph	none No.:	
POSITION	NAME	RATING
#1		
#1 #2		
#2		
#2 #3		
#2 #3 #4		sign below:
#2 #3 #4 Persons responsible for	or payme <mark>nt</mark> of team ent <mark>ry fee</mark> for each player must	sign below:
#2 #3 #4 Persons responsible for	or payment of team entry fee for each player must	sign below:
#2 #3 #4 Persons responsible for Payment Method:	or payme <mark>nt</mark> of team ent <mark>r</mark> y fee for each player must	
#2 #3 #4 Persons responsible for Payment Method: Credit Card Number: _ Exp. Date:	or payment of team entry fee for each player must Billing Zip Code:	Total Fee:
#2 #3 #4 Persons responsible for Payment Method: Credit Card Number: _ Exp. Date:	or payme <mark>nt</mark> of team ent <mark>r</mark> y fee for each player must	

FARISH CUP INVITATIONAL

8 5 5 2 MEMORIAL DRIVE, HOUSTON, TEXAS 7 7 0 2 4

(office) 7 1 3 - 9 9 7 - 8 3 7 3 (fax) 7 1 3 - 6 8 1 - 1 1 7 1

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This form must be completed in full and signed by the participant and returned to the address above.

Tournament: Farish Cup 4 - 6 Goal Dates: November 7th-9th, 2014 4 Chukker

Entry Fee: \$250.00 per player

Ambulance and Umpire Fees: Included in Entry Fee
Entry Closing Date: Friday, October 10, 2014
Draw Date: Sunday, November 2, 2014

Farish Cup Teams will be drawn by HPC.

Conditions of Tournament:

- Teams to compete on a flat basis.
- Player entry fee must be paid in full by entry closing date.
- Player must be a current USPA member.
- Current release form, medical information form, address, and phone number <u>must</u> be on file in the Polo Office, prior to participating in the tournament.

Player Name:	Con Contract	
Player Address:	1000	30/10/10/10
E-mail:		
Phone No.:	Fax No.:	7816
Player is responsible for pa	ayment of entry fee.	
Payment Method:		
Credit Card Number:		The second second
Exp. Date:	Billing Zip Code:	Total Fee:
Printed Name:		
Signature:		Date

2014 LADIES TOURNAMENT TEAM ENTRY FORM







accounting @ the houston poloclub.com

This form must be completed in full and signed by the participant and returned to the address above.

Tournament: Bayou City Cup

Date: Saturday November 8th, 2014

Entry Fee: \$175.00 per player

Ambulance and Umpire Fees: Included in Entry Fee
Entry Closing Date: Friday, October 10, 2014
Draw Date: Sunday, November 2, 2014

Bayou City Cup Teams will be drawn by HPC.

Conditions of Tournament:

Player Name:

- Teams to compete on a flat basis.
- Player entry fee must be paid in full by entry closing date.
- Player must be a current USPA member.
- Current release form, medical information form, address, and phone number <u>must</u> be on file in the Polo Office, prior to participating in the tournament.

Player Address:		
E-mail:	C C	
Phone No.:	Fax No.:	7611
Player is responsible fo	r payment of entry fee.	
Payment Method:		
Credit Card Number:		A MARKET AND AND ADDRESS OF THE PARTY OF THE
Exp. Date:	Billing Zip Code:	Total Fee:
Printed Name:		
Signature:		Date:

84