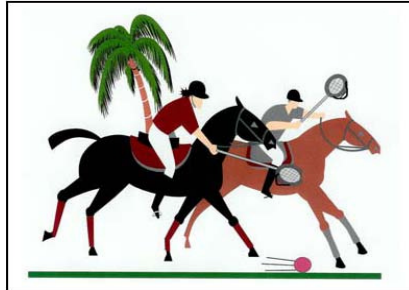


Good Times Polocrosse Club



3rd Annual Florida Winter Classic Polocrosse Tournament February 23-24, 2008 The Villages Polo Club The Villages, Florida

Divisions:

A,B,C,D, Juniors, International Masters and Beginner Walk/Trot (decided by number of entries and ratings.) All divisions will be 3 person sections and the tournament committee will place individuals on a section. Juniors 15 and under rated 3 or below will be placed in the Jr. Division. Masters will be players above 40 as of Jan. 1, 2008. The tournament committee reserves the right to place riders in a different level as necessary to fill that division.

Tournament Fees:

****Early Bird Special****

If your entry is received prior to January 1st Adult APA Members will be \$85

January 1st - 31st Adult APA Members-\$100

After Feb 1st a \$15 late fee will be added

Junior APA Members-\$75 (if players play in the Junior Division)

Non-APA members must add \$20 fee for weekend membership

OR join the APA at the tournament

Fee includes entry gift , Wine and Cheese Party after Polo exhibition and Saturday evening dinner. If you are riding in more than one division entry fee is \$75 for second entry.

**APA Fees: before 1/31- individual-\$60/ family-\$90/ junior-\$30
After 1/31- individual-\$72/ family-\$108/ junior-\$36**

***Registration will be 4-6 pm on Friday; 7-8am Saturday
Participants MUST BE REGISTERED prior to play.**

***Rules meeting will be held on Friday at 6 pm.**

**Make checks payable to Susan Hess. Payment can also be made by internet.
Entries must be received by February 1st to avoid \$15 late fee.**

Accommodations:

Camping and hot wire pens are welcome (provide you own pens.) No electrical hook-ups available.

There are restrooms with showers at the polo field grandstand. There is a Hampton Inn located on CR 466 in The Villages within 5 minutes of the field.

Stabling:

There are paddocks for rent at the polo club at \$20 per paddock per night. Local club members also have stalls available for \$20 per night. These stalls are within 15 minutes of the field. There will be a refundable stall deposit of \$20 to be returned if the stall is cleaned at departure. Shavings will be available at \$6 per bag. Please call or email arrival/departure times. Electric pens are allowed.

Horses:

If you need to rent a mount for the tournament, contact Vinnie Pascarella at vpent@quixnet.net or (352) 516-0284. A level horses will cost \$500 for the two day tournament any extra days needed will be \$200 per horse per day(which can be divided amongst others over 3 hour period) All other levels will be \$400 per horse for the tournament. Walk trot horses will be \$100 for the tournament – 2 chukkas on Saturday and 2 chukkas on Sunday.

Program:

There will be a special section in our program called "Go Teams" this is an area where you can wish your team or special player good luck. For only \$15 you can submit your "cheer" with your entry so we can include it on our "Go Teams" page!

VERY IMPORTANT PLEASE READ

Payment:

Payments for entries and horse rentals may be made at www.floridapolocrosse.org website - after making payment please email entry form to vpent@quixnet.net or fax to 352-748-7102 - there must be a entry form filled out for every person riding in the tournament.

A Veterinarian and Farrier will be on-call for the weekend. EMS services will be present during the tournament.

VERY IMPORTANT – PLEASE READ

If you are hauling horses into Florida, you must have a veterinary certificate of health (within 30 days) as well as current Coggins. You MUST stop at the Agricultural Inspection Station just inside the stat line. There they will look at your drivers' license, tag, and horse paperwork.

Winter Classic Tournament Entry Form

Individual Name: _____ Rating: _____

Need a mount?...Y / N Horse name _____ Bringing extra ____ playing horses.

Section Name: _____ Division of play_A / B/ C / D / Jnrs - Mstrs B/C _____

Will you need to be placed on a section? _____

Section and Rating (if currently rated by APA)

Age as of 1/1/08: ___Adult men ___Adult women ___U21 male ___U21 female

TEAMS FOR MASTER "A" LEVEL ONLY- SECTIONALS FOR ALL OTHERS

#1 Name: _____ DOB: _____ Rating: _____ #1 _____ DOB _____ RATING _____

#2 Name: _____ DOB: _____ Rating: _____ #2 _____ DOB _____ RATING _____

#3 Name: _____ DOB: _____ Rating: _____ #3 _____ DOB _____ RATING _____

Colors: _____ Team Rating: _____

Team Name _____ Does your team need to be completed ___Y / N _____

TEAMS FOR "A" LEVEL MASTERS WILL BE MADE INTO SECTIONALS IF ENTRIES WARRANT

Fees: Early Bird Special

****If entries are received prior to January 1st entry fee will be X \$85 = \$ _____ ****

Adults (APA Members) Jan 1st - Feb 1st _____ X \$100 = \$ _____

Adults(APA Members) after Feb 1st _____ X \$ 115 = \$ _____

2nd division if applicable (APA members) _____ X\$ 75= \$ _____

Juniors (APA Members up to Feb 1st) _____ X \$ 75 = \$ _____

Juniors (APA Members after Feb 1st) _____ X \$ 90 = \$ _____

Horse Rental "A" Level _____ X \$500 = \$ _____

Horse Rental "B,C,D, JR" _____ X \$400 = \$ _____

Non-APA Member Fee _____ X \$ 20 = \$ _____

Additional Dinner Tickets: _____ X \$ 20 = \$ _____

***Go Team - Let's support your favorite team ! _____ X \$ 15 = \$ _____**

Your message _____

JOIN APA

Before 1/31: Ind.-\$60; Family-\$90; Jr.-\$30 - \$ _____

After 1/31: Ind.-\$72; Family-\$108; Jr.-\$36

TOTAL \$ _____

Make checks payable to Susan Hess. Send entries with payment, current Coggins, and signed release form to:

Janis Pascarella

or **Internet Payment** via www.floridapolocrosse.org

PO Box 307 Oxford, Florida 34484

vjpent@quixnet.net 352-516-0283 or 0284

Winter Classic Tournament Beginner's Entry Form

This is a **walk/trot** division. *Coaches will be on the field. To play in the beginner's tournament, you can not have played in an APA sanctioned tournament.

Name: _____

Address: _____

Phone/email: _____

Name of Team: _____

Team Colors: _____

#1 _____

#2 _____

#3 _____

Individual Entry

Name: _____

Preferred position: _____

Fees:

Participant Entry Fee _____ X \$40 = \$ _____

Rental Horse _____ X \$100 = \$ _____

Additional Saturday Night Dinner Tickets _____ X \$20 = \$ _____

***Go Team - Let's support your walk trot team!** X \$15 = \$ _____

Your Message _____

Total \$ _____

Make checks payable to Susan Hess. Send entries with payment, current Coggins, and signed release form to:

Janis Pascarella

PO Box 307 Oxford, Florida 34484
vpent@quixnet.net 352-516-0283 or 0284

Agreement for Release and Waiver of Liability (adult)

The undersigned states as follows:

I acknowledge that the game of polocrosse involves inherent risks of personal injury to me personally, my horse and damage to equipment and property. Knowing and understanding this, I still desire to participate in and attend the Good Times Polocrosse Club Winter Classic Polocrosse Tournament.

In consideration for my participation in and attendance at the event, I hereby, for myself, my heirs, executors and assignees, waive, release, discharge and hold harmless: The American

Polocrosse Association, the Good Times Polocrosse Club, its officers, directors, members, and agents, and all other persons or organizations in anyway connected with this event including, but not limited to, the field, their owners and operators, their officers, directors, employees, agents, representatives, heirs, administrators and assignees, from any and all rights, claims or liability for damages from any and all claims of any kind or nature, that might arise out of my

participation in anyway connected with this event or taking place upon the grounds at

The Villages Polo Club. I, further acknowledge that this release will extend to any accidents, damages or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control.

By signing this release and waiver, I am assuming all risks of the activities of which I will be engage and releasing of all parties indicated above of any and all liability for their negligence of any description whatsoever. It is my intent to assume all risks and to waive and give up my rights (for myself and my heirs) to sue, and I do so knowingly and voluntarily.

Signature _____ Date _____

Parents or Guardian Release and Waiver (Juniors)

I am the parent or guardian of _____, a minor, and on the minor's behalf and on my behalf and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability above as an inducement for allowing my child to participate in the Good Times Polocrosse Club Tournament and related activities. I further authorize any emergency medical care which may be necessary.

Signature of Parent or
Guardian _____ **Date** _____