

# Application for the Team USA Polo Program



Applications for 2011 will be accepted from August 15<sup>th</sup> – October 15<sup>th</sup> 2010.

Applications should include:

- Proof that they have obtained their 18<sup>th</sup> birthday by February 18, 2011 and not have exceeded their 23<sup>rd</sup> birthday by February 18, 2011
- A hand written cover letter from applicants outlining their career ambitions and reasons why they should be selected for the USPA Team USA
- An up-to-date and detailed résumé and application form
- A polo video of the applicant playing
- A minimum of three references (recommendation letters strongly encouraged)

Additionally, applicants must be available to attend the Team USA Clinic and try-outs held February 18 – 21, 2011 in Wellington, FL (All expense paid) and provide the following:

- Provide proof of US citizenship and health insurance
- Possess a valid driver's license
- Provide proof of USPA Membership

Selection criteria will include athletic ability, horsemanship, improvement potential, attitude, and work ethic. If applicant is selected, in addition to an interview, applicants will be required to take a written rules test and become trained as a certified umpire during their time as Team USA member.

Applications should be sent to:  
Team USA  
c/o Chairman Tom Biddle  
P.O. Box 1102 Aiken SC, 29802

**Only completed applications will be considered**



# UNITED STATES POLO ASSOCIATION®

Team USA ~

Phone: 1-800-232-8772 Email: Teamusa@uspolo.org

## TEAM USA APPLICATION FORM

*Applications for 2011 will be accepted from August 15<sup>th</sup> to October 15<sup>th</sup>.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Polo Club: \_\_\_\_\_

Current USPA Handicap:            OUTDOOR \_\_\_\_\_            ARENA \_\_\_\_\_

Current Foreign Handicap:        OUTDOOR \_\_\_\_\_        ARENA \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

### Name and Phone Number of 3 References:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

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