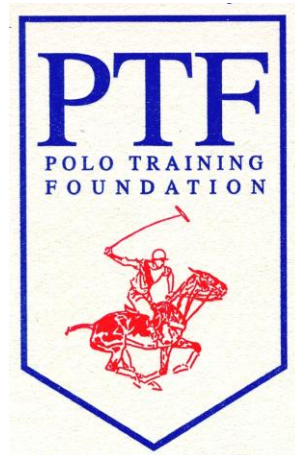


POLO TRAINING FOUNDATION POLO CLINIC PACKET

Sponsored by the Polo Training Foundation
70 Clinton Street • Tully, NY 13159
888-783-7656 • Fax: 315-696-0287
dscheraga@polotraining.org



PLEASE COMPLETE ENCLOSED FORMS

And RETURN TO

70 Clinton Street

Tully, NY 13159

888-783-7656 • Fax: 315-696-0287

**POLO TRAINING FOUNDATION®
INSTRUCTIONAL CLINIC PROGRAM**

7-2014

Thank you for your interest in a PTF-SPONSORED Umpire or Player Training Clinic. The PTF can assist you in finding a qualified instructor, help tailor a clinic to your needs, and furnish clinic materials. Under certain circumstances, the Polo Training Foundation can reimburse approved expenses. Please complete the following information and return it to the PTF office

What type of clinic are you considering?

Player Training Jr/Youth Training Umpire Rules Review Umpire School

What are your date choices? (3-day minimum) First Choice _____
Second Choice _____

If you have had a clinic at your club before, who was the instructor? _____

Please list the contact person to be in charge of the clinic and where materials may be shipped.

Club or School: _____

Delegate Name: _____

Club _____ Delegate _____ Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Number of Rules and Umpire Training Guides needed for clinic: _____

Send books to: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

FOR OFFICE USE ONLY	
Name of Approved Clinic Instructor:	_____
Amount PTF to reimburse Instructor:	_____
Amount PTF to Invoice Club:	\$ _____
Club Deductions:	\$ _____
Club Reimbursement:	\$ _____
Total due PTF	\$ _____
Date Clinic Approved:	_____
Approved By:	_____

CLINIC REQUIREMENTS AND GUIDELINES

To continue the PTF clinic program, certain requirements and guidelines must be followed. These requirements are not difficult and if you have any questions, the PTF office will be glad to assist you.

PTF REQUIREMENTS

- The PTF will reimburse 50% of approved clinic costs up to a maximum of \$1,000.00. To qualify for this reimbursement, the clinic must be pre-approved by the PTF and meet the following requirements:
- The PTF will arrange for an instructor qualified to the level of your clinic, or you can find your own instructor.
- The Club is responsible for the Instructor's meals, local lodging and transportation.
The PTF will pay the Instructor transportation to and from the clinic, if approved in advance, as well as the Instructor fee. The Club will be invoiced \$1,000.00 on scheduling, for ½ the cost (\$2,000.00) of instructor fee and airfare 30 days prior to the clinic. The club will be invoiced immediately, if the clinic is scheduled less than 30 days in advance.
- At least four weeks notice is requested in arranging the clinic to permit use of low airfares and to ensure availability of instructors.
- The PTF will be glad to discuss special circumstances or programs which do not fit the standard package.
 - Programs must be instructional and oriented toward improving the skill or safety levels of all participants.
 - Programs must be generally available to a broad range of participants.
 - Programs may require certain levels of riding experience for safety, but may not discriminate based on race, color, nationality, or ethnic origin.
 - **The PTF must be supplied with a legible record of participants' names, mailing address and email address in all training programs.**
 - PTF reimbursement is limited to net out of pocket costs including an instructor fee and expenses, visual aid rentals, horse rentals, reasonable entertainment expense, instructional material, etc.

USPA REQUIREMENTS

- All participants in the clinic must be Active Player or Student Members of the USPA. This membership requirement assures Participant Excess Liability Insurance coverage. Umpire Instructors must be approved by the USPA to certify umpires.

SAMPLE AD

**NOTICE
POLO – UMPIRE CLINIC – (Date)**

CONDUCTED BY POLO INSTRUCTOR

**CONTACT ABC POLO CLUB
800-800-8000**

Polo Training Foundation clinics admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the clinic. Polo Training Foundation does not discriminate on the basis of race, color, national and ethnic origin to administration of any of its policies or programs. However, those who participate must have sufficient riding experience to be able to take instruction in polo.

or

The ABC Polo Club is presenting a Polo Training Foundation Clinic on (date) with Instructor (Instructor's Name). The Polo Training Foundation does not discriminate on the basis of race, color, national and ethnic origin, however, those who participate must have sufficient riding experience to be able to take instruction in polo.

Your Club is encouraged to advertise its clinic in newspapers, by posters, or other public notices. Any advertising or promotional material must contain a declaration of non-discrimination similar to the samples above. The cost of any such advertising may be included in your reimbursement request.

**POLO TRAINING FOUNDATION
EXPENSE REIMBURSEMENT REQUEST**

CLUB: _____

DELEGATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CLINIC DATE: _____

INSTRUCTOR: _____

Instructor Fee: (Including transportation to and from clinic) \$ _____

Other Expenses (Itemize) _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

The Polo Training Foundation will reimburse 50% of approved clinic expenses up to a maximum reimbursement of \$1,000.00 per clinic. Reimbursement more than this amount, requires advanced approval from the PTF. Unless approved in advance, each club is limited to one PTF reimbursed clinic per year. A check will be made payable to the USPA Member Club unless otherwise requested in writing.