



SPA TEMPORARY HANDICAP REQUEST

Herewith the undersigned patron/player requests a temporary handicap and playing authorization acceptance pursuant to section 8.2 of the tournament regulations of the SPA:

Name of Patron:

Family name of player:

First name of player:.....Email adresse:.....

Nationality of player:.....

Present highest foreign handicap (worldwide)*: Country:

Other foreign handicaps:..... Country:

Other foreign handicaps:..... Country:

Planned tournaments in Switzerland:.....

The player is :

a **sponsored player**, who is either a professional player or is at least not paying for his own costs and expenses in connection with the tournament participation in Switzerland; or

a **non-sponsored player**, who is not playing against a compensation and who is paying for his own account for all costs and expenses in connection with the tournament(s) in Switzerland (please check the applicable statement).

The patron/player hereby expressly confirms that the above statements and information is complete and correct. He/she is aware that incomplete or false declarations, in particular regarding sponsorships, will be sanctioned by the SPA with tournament exclusions, suspensions and/or fines for the player and/or the patron.

The cost of the temporary handicap is CHF 100,00. An invoice will be sent by the club upon receipt of the present form. The temporary handicap is subject to review at any time by the handicap commission and may be changed at any time either by the handicap commission of the local tournament organizer for the tournament in question.

You will be registered to the SPA Newsletter and to Swiss Polo Platform. Your e-mail address will not be shared at any time with third parties outside of the Swiss Polo Association.

Place/Date:

Signature:

Please send to the Polo Club (Club address) :.....

Copy the President of the SPA Handicap Commission (rinderknecht@b-legal.ch), info@spa-swisspolo.ch and finances@spa-swisspolo.ch