

# LITCHFIELD POLOCROSSE CLUB MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

M/F:

Phone:

Current address:

City:

State:

Area Code:

Email:

Membership required (please circle): Full Year / Temporary Transfer / Social only / Player & Social

## PLAYER INFORMATION

Current grade:

Certified Umpire and grade:

How long?

Horse details:

Brand:

Level; (experienced/green)

## EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

Area Code:

Relationship:

## PARTNER INFORMATION

Name:

Date of birth:

M/F

Phone:

## PLAYER HISTORY

Previous Club

Positions Played

Comments if applicable

## CHILDREN MEMBERSHIP

Name

Name

Name

Name

## SIGNATURES

Signature of applicant:

Date:

Guardian Signature:

Date:

Email completed form to – [secretary@litchfieldpolox.com](mailto:secretary@litchfieldpolox.com)