



Melbourne Polo Cup Tournament

NOMINATION FORM

Team Name:

Team Captain:

Team Colours:

Tournament: 10 Goal ☐ 6 Goal ☐ 2 Goal ☐

PLAYER DETAILS

PLAYER NAME	HANDICAP	TELEPHONE #	EMAIL ADDRESS

Nomination forms should be submitted to the Victorian Polo Association
(secretary@vicpolo.com.au) by no later than Wednesday 15th October, 2025.

Please advise email for invoice: _____

Games will be held over the 10 days of the tournament. All Grades will be required to play on weekdays.

10 Goal – 5 Chukkas – 5 Games

6 Goal – 4 Chukkas – 5 Games

2 Goal – 4 Chukkas – 4 Games

(Alterations to this schedule may be necessary depending on the number of nominations received)

During the tournament, a daily roster will be emailed confirming games, times, fields, and duties.

Please list names and email details below for family and staff you would like the information sent to:

The Victorian Polo Association

