



AMERICAN POLOCROSSE ASSOCIATION
Venue Application for International Exchange, Tours, Camps, Clinics etc.

APPLICANT INFORMATION

Host Club Name: _____ Mailing Address: _____

Club Contact Name: _____ Phone Number: _____

FIELD & WATER INFORMATION:

Number of fields: _____ Ground composition: _____
(clay, sand, etc.)

Ground cover: _____ Irrigated: _____
(hay, weeds, grass, etc.)

Location of field if different from mailing address above: _____

Is water available field side: _____ How far from the field is water available? _____

In what form? _____
(#of hose bibs, pump, troughs, etc.)

Can your club have this field mowed, lined and ready to play and maintained for this event? _____

ACCOMMODATION INFORMATION
(please indicate donated/sponsored items)

Describe the plan for housing both US and Int'l teams: (on-site, off-site, capacity, etc.) _____

Describe the plan for feeding both US and Int'l teams, if any: _____

How much area available for camping if allowed: _____

How much area available for visitor parking: _____

Describe the restroom facilities or if portables have to be brought in and availability of showers:

Describe the number and availability of horse accommodations: (covered stalls, barn, paddocks, etc.)

Describe the plan for veterinary care and farrier service during the event:

Describe any other outbuildings on site available for use:

Describe any private insurance coverage on this facility:

LOCAL INFORMATION:

Describe local community sponsors, support/donations, if any:

How far is the nearest medical facility with an emergency room?

Describe the distance to the nearest town, restaurants, shopping and local attractions:

Describe any planned promotional events:

MISCELLANEOUS INFORMATION:

Will your club be able to provide or arrange for reserve playing horses and umpire horses?

Describe how many and playing level of horses:

Outline the proposed costs to the program associated with preparing and/or using this facility?

Submitted by: _____ **Date:** _____

USE THE BACK SIDE OF THIS APPLICATION FOR ANY ADDITIONAL DETAILS YOU WOULD LIKE THE COMMITTEE TO TAKE INTO CONSIDERATION WITH YOUR BID FOR THIS EVENT. If you have questions and would like to discuss them before submitting this form, please contact the Player Development Committee Chair

Application should be submitted to:

Wade Limer, Player Development Committee Chair
309 Trails End Road – Whispering Pines, NC 28327 or via e-mail to: wadel@insulatinginc.com
phone: 919-427-0348

