

**ITP: International Tour Program
Player Application**

NAME of Applicant _____

Birth date: _____ **Current APA rating:** _____

Club Affiliation: _____

Phone: _____ **Email:** _____

Parent Info (if applicable): Name: _____

Phone: _____ **Email:** _____

Tours of Application:

**note that you may apply for as many tours in which you meet the qualifications required by the tour. Please list in order of preference. The applications will be reviewed and all information will be taken in to consideration.*

1. _____

2. _____

3. _____

Previous International experience:

**please list all international travel, international polocrosse exchanges, and any other experiences you feel qualify you for the tour. If you need more space, please use the back of the application or attach additional pages.*

HORSE Information: (inbound tours only)

**Inbound tours require each applicant to provide two or more horses capable of the level of play dictated by the tour management. Providing the horses is strictly the responsibility of each individual ITP player. Horses may or may not be placed into a player pool for test matches, etc.*

Horse's Name: 1: _____ Age: _____
PoloX experience & level of play: _____

Horse's Name: 2: _____ Age: _____
PoloX experience & level of play: _____

Additional Horse's for umpiring/back-up etc.

**please list any horse(s) you may be willing to use as a part of the tour.*

Horse's Name: : _____ Age: _____
Horse Capabilities: _____

Qualification/Intent Essay:

**In your own words, please describe why you want to be apart of the tour(s), any qualifications, personal character traits, etc. that you feel make you a desirable candidate. Please include your personal expectations and what you hope to accomplish as a result of being part of the tour. In essence, why should you be chosen as an ITP team member and what do you want to get out of it:*

ADDITIONAL APPLICATION REQUIREMENTS:

ITP Player Application FEE :

ALL tours require a **non-refundable per application fee of \$50.00 (made payable to the APA) which must be included, attached to this application before it will be reviewed. Please note that this is not a deposit. All application fees will be used to execute the ITP tours.*

Emergency Medical Information:

**Please provide with this application explanations of any specific medical conditions or requirements*

Coggins/Health certificates/inoculations:

All **inbound tour team members will be responsible for providing current proof of coggins and any other facility, state or travel requirements of the tour for each horse being used in the tour. This will be the sole responsibility of the team member and will not be included in the final expenses of the tour.*

Financial & Travel Responsibilities:

**All ITP team members will be required to pay all fees associated with the tour as outlined by the PDP management. Failure to provide funds by required deadlines may result in loss of team membership and tour participation.*

Signature Verification of ITP application:

**The undersigned has read and understands the requirements and responsibilities of applying for a placement on an ITP tour. Application and payment of the application fee does not guarantee a placement on the team. I understand that participation with any tour is a privilege and I look forward to working with the team and representing my sport, my association and my country to the best of my ability.*

I understand that I will be required to attend practices to the best of my ability, raise funds for my team and trips, provide 2 fit horses for me or others to ride during or in preparation for these tours (need not be your own) and help procure and share in the expense (if necessary) for 4 additional horses for a reserve pool. I agree to submit myself to the direction of my coaches and managers for the good of my team and this tour. I agree to abide by the APA Code of Conduct and any specific conduct requirements that my coaches or managers may have. I also understand that my coaches and managers have the authority to send me home from any practice, event or tour if my behavior is not acceptable to them. Any additional costs incurred by the APA or any party to send me home will be promptly reimbursed by me or my parents.

By signing this application I agree to the listed terms of this contract.

Signature of applicant: _____ **date** _____

Signature of parent (if applicable): _____ **date** _____

Please send complete application and all required documentation to:

Ryan Murphy
APA PDP Committee Chair
4578 Millpoint Rd.
Greensboro, NC 27406

Must be received by specified tour application deadline (see tour descriptions).

Direct all Questions/Concerns To:

Ryan Murphy
APA PDP Committee Chair
336-362-7507
poloxmadesimple@gmail.com