

ELLERSTON ONASSIS POLO

ARCHIBALD – CUDMORE TROPHY

8 GOAL TOURNAMENT

Saturday the 11th – Sunday 19th of October 2025

NOMINATION FORM

TEAM NAME: _____

TEAM COLOURS: _____

TEAM CAPTAIN: _____

PLAYERS NAMES	HANDICAP	HORSE NO.	TELEPHONE & EMAIL DETAILS
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
TOTALS: _____		_____	

PLAYER ACCOMMODATION: (Please complete the Player Accommodation Requirements for each individual Player and indicate if being accompanied by wife, children, partner.)

NAMES	ARRIVAL DATE	DEPARTURE DATE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

GROOM ACCOMMODATION (Please provide the name of the grooms and if there are any preferences regarding twin share or single accommodation.)

NAMES	
1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

NOMINATION FORMS ARE TO BE LODGED WITH ELLERSTON ONASSIS POLO

BY **FRIDAY THE 10th OF SEPTEMBER 2025**

TOURNAMENT ENQUIRIES

James Harper:

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All Tournament Participants and Visitors are required to comply with the Ellerston WH&S Policies and Procedures.

A copy will be provided to you on your arrival at “Ellerston”.

A Games and Duties Roster is emailed each evening preceding a game day to confirm games, times, fields and duties. Could you please list names and email details below for all family and staff, including grooms who you would like the Roster sent to. Thank you.

Name

Email Address