

SOUTHWICK PARK GOLF CLUB

PINSLEY DRIVE, SOUTHWICK, HAMPSHIRE, PO17 6EL TEL: (023) 92380131

E-mail: s.searle@southwickparkgolfclub.co.uk

JUNIOR OPEN

Daily Telegraph Qualifier

SUNDAY 29th AUGUST 2010

18 HOLE MEDAL

ENTRY FEE £15 includes snack meal

Check in from 09:00 hours with first tee at 11:30

Age categories: Under 14's and 14 to 18 (on 1st Jan 2010) - Maximum Handicap: Boys 28 Girls 36

Prizes: 1st, & 2nd gross and nett – Both age groups and girls.
(All ties will be decided on the last 9,6,3 or 1 holes as necessary)

No winner may receive more than one prize.

Tees: Boys: White Girls: Red

General: Current Handicap Certificates must be produced on the day of play

The organising Committee whose decision will be final will decide all matters relating to the competition.

Closing date for entries 13th August 2010. Please note - A fully completed Parental Consent Form must accompany this application form

SPGC Junior Open – Entry Form

First Name: _____ Surname _____

Golf Club: _____ H'cap: _____

Address: _____

Postcode: _____ Tel: _____

E-mail Address _____

I enclose entry fee (cheques made payable to SPGC, together with S.A.E (if you wish to be notified by mail) to:
Junior Organiser, Southwick Park GC, Pinsley Drive, Southwick, Hants PO17 6EL
Please note, entries once accepted are non-refundable.

Southwick Park Golf Club

Parental Consent Form - 2010

Juniors Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Telephone Number _____ E-mail _____

To ensure we care for the best interests of your Son or Daughter, it is important that SPGC know if he/she suffers from any medical condition or illness or receiving medical treatment of any kind. Please indicate below, in confidence, any health related matters including injuries, which you feel are relevant. If medicine(s) are prescribed, the dosage should be outlined below.

Asthma	Yes/No	Fits or Blackouts	Yes/No
Epilepsy	Yes/No	Diabetes	Yes/No
High blood pressure	Yes/No	Heart Problems	Yes/No
Migraine	Yes/No	Allergies	Yes/No

I consent to my Son / Daughter participating in events and activities organised by Southwick Park Golf Club.

I consent to my Son / Daughter receiving essential medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment.

NHS Number _____ NHS Doctor Name _____

Address _____

_____ Post Code _____ Tel No _____

Name of parent/guardian _____

Tel No _____ (Home) _____ (Work) _____ (Mobile)

Signature _____ Date: _____

There may be occasions where your Son / Daughter may need to be carried in a vehicle by one of the junior organiser's e.g. for medical treatment to a hospital.

I am happy for this to take place _____ Signature

If any of the above alters please contact the Junior Organiser immediately.

Junior Organiser, Mark Walker, 2 Salerno Road, Hilsea, Portsmouth, Hampshire PO2 9PP
Phone: 023 92673660 E-mail: mark@walker6115.freeserve.co.uk

Or the Manager Steve Searle, SPGC, Pinsley Drive, Southwick, Hampshire, PO17 6EL
Phone: 023 92380131 Option 1 E-mail: s.searle@southwickparkgolfclub.co.uk