



THE DRIFT GOLF CLUB - 2019 JUNIOR OPEN
Professionals Trophy (Scratch) Patricia Kennedy Salver (Handicap)

Thursday 8th August

FORMAT

18 Hole Qualifying Medal Play
Maximum Handicap Girls 36, Boys 28 - Handicap certificates will be required on the day.
Entry Fee: £30.00
Cheques made payable to 'The Drift Golf Club'
No refunds will be made to withdrawals after the closing date
Extended Closing Date – Sunday 28th July
Smart casual dress code after play. Golf attire acceptable
Entrants must be under 18 years of age on the day of the event
Open to Members and Visiting Competitors

INCLUDES

Goody bag for entrants
18 Hole Medal Play Tournament
Two course lunch
Fantastic prizes

PRIZES

1st & 2nd Scratch
1st & 2nd Nett
Nearest the Pin
All ties will be decided by scorecard count back

JUNIOR OPEN ENTRY FORM

PlayerClub.....

Address.....

.....

Email.....Tel (Day).....(Eve).....

Date of Birth.....H'cap.....CDH No.....

Please return completed entry form with entry fee of £30.00 per player to:

Junior Open Entries, Drift Golf Club, East Horsley, Surrey, KT24 5HD.

Start times will be notified by email.

Tel: 01483 284641 Fax: 01483 284642 e-Mail info@driftgolfclub.com

Visit our website at WWW.DRIFTGOLFCLUB.COM

Junior Open

Junior Golf Parent/Guardian Consent Form

I wish my son/daughter to enter the Drift Junior Open



Child's Name

D.O.B

Disclaimer

My child is in good health and I consider him/her capable of taking part in this activity. I have provided medical information below and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that whilst the sports coaches and staff will take every precaution to ensure that accidents do not happen, they may not be held responsible for any loss, damage or injury suffered by my child.

Parental Consent Form

(Please enter your personal details below)

Name.....

Address.....

.....**Postcode**.....

Home No.....**Mobile No**.....

Email Address.....

Do you consider your child to have a disability? Yes / No

If yes, please fill in the information below:

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Other emergency contact: (Name/Number).....

Please provide any other information relating to any medication, allergies, dietary requirements, etc. your child may have:

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Doctors Name.....

Address.....

.....**Tel No**.....

NAME OF PARENT.....

SIGNED.....

DATE

Date Protection: Please note that all information gathered is for the sole use of The Drift Golf Club and will not be passed on to any other body and will be regarded as strictly private & confidential.