



# Guildford Golf Club

## The Guildford Junior Open

Tuesday 28<sup>th</sup> May 2019

(Winner: Best 18 Hole Scratch Score)

Present Holder – B. Brew (Surbiton Golf Club)

**SURREY JUNIOR  
ORDER OF MERIT  
QUALIFIER**

### Conditions

1. 18 Hole Medal (start from 9.00am). The Guildford Junior Open winner will be the best scratch score over 18 holes. Prizes for both Scratch and Nett scores.
2. Open to amateur Junior members of recognised golf clubs aged 18 and under on 1<sup>st</sup> January 2019.
3. Handicap Limit – Boys; 24, Girls; 28
4. Payment to be made with submission of entry form either by cheque or by BACS.
5. Entry Fee - £25.00 including light lunch and prizes.
6. Closing date for entries – 28<sup>th</sup> April 2019.
7. No refunds will be made unless a substitute is found after the closing date.
8. Reduced green fees 14 days prior to event (Mon – Fri). Telephone the Professional Shop on 01483 566765 for availability.
9. Start times will be distributed prior to the event by e-mail and posted on the Guildford Golf Club website.
10. **Dress Code – A change of shoes is required for lunch.**

### Entry Details

I apply to enter The Guildford Junior Open & enclose the following:

- A. A cheque for £20.00 made payable to Guildford Golf Club LTD (post dated 28<sup>th</sup> April 2019).
- B. By BACS: *Sort Code: 402226 Account Number: 42784955* quote JOpen & Surname
- C. Completed Parental Consent Form

Name .....

Address .....

Post Code .....

Tel No. ....

D.O.B .....

Handicap .....

Email .....

Name of Golf Club .....

CDH No. ....

Guildford Golf Club Professional Shop, Grove Road, Guildford, Surrey, GU1 2HL

T: 01483 566765/563941; E: competitions@guildfordgolfclub.co.uk

W: www.guildfordgolfclub.co.uk

# GUILDFORD GOLF CLUB

Grove Road, Merrow, Surrey, GU1 2HL.

Telephone: 01483 566765/563941. E-mail: [competitions@guildfordgolfclub.co.uk](mailto:competitions@guildfordgolfclub.co.uk)

## JUNIOR OPEN – PARENTAL CONSENT FORM

PLEASE PRINT CLEARLY

Full name		Club	
Date of birth		Home Tel. No.	
Address		Mobile No.	
E-mail		NHS number	

Please indicate who should be contacted in case of an emergency

Name		Relationship	
Home Tel. No.		Work Tel. No.	
Mobile No.		E-mail	

Does he/she have any special medical problems? Please give details of any medication used/carried.

CONDITION	YES or NO	MEDICATION
Diabetes		
Epilepsy		
Migraine		
Asthma		
Hay Fever		
Sensitivity to insects bites/stings		
Do they have any food allergies? (if yes, please specify)		
Do they have any other allergies? (if yes, please specify)		
Is his/her Tetanus injection up to date?		Date:
Please indicate any other medical conditions/problems you feel we should be aware of:		
Please provide Doctors Name, Address and Telephone No.		

I consent to my child taking part in the golfing activities under the auspices of the Guildford Golf Club.

In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise Guildford Golf Club or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any such eventuality every attempt would be made to contact you).

Parent/Guardians Name (please use capitals)	
Signature	
Date	