



BADGEMORE PARK

Badgemore, Henley-on-Thames, Oxon, RG9 4NR Telephone 01491 637300 Professional Shop 01491 574175
Fax: 01491 576899 Email: golf@badgemorepark.com www.badgemorepark.com
An affiliated Club. Organiser: Adrian Smith - Club Secretary

JUNIOR OPEN

Wednesday 25th July 2012

- Format** 18 Hole Medal from White Tees (boys), Red Tees (girls).
- Handicap** Maximum handicap of 28 (boys) and 36 (girls). Handicap certificates must be supplied on the day.
- Eligibility** All competitors must be under 18 years of age on the 1st January 2012.
- Prizes** Best Gross score for the Junior Open Trophy (1st, 2nd)
Best Nett score for the Handicap Shield (1st, 2nd)
Best Girls Score (not winning a major prize)
Nearest the Pin and Longest Drive prizes
- Entrance Fee** £17.00 inclusive of Lunch & Soft Drink. Entrance fees cannot be refunded after the closing date.
- Dress** Golf shirt with collar, trousers or tailored shorts (with white socks) are required on the course and smart casual dress in the clubhouse. No jeans are permitted for players or guests.
- Starting Times** From 09:30am, will be sent by email and/or post after the closing date. Please enclose a SAE if you require a postal copy.
- Closing Date** Entries must be received by the 18th July 2012.

Entry Details *Please PRINT CLEARLY*
Badgemore Park GC Junior Open Competition – Wednesday 25th July 2012

Name _____ Date of Birth _____

Email

Golf Club _____ Handicap _____

CDH Number

Home Address _____

Post Code _____ Daytime Tel _____ Evening Tel _____

Please send your entry form, parental consent form, cheque for £17.00 (payable to Badgemore Park Golf Club) and a SAE (for a postal confirmation) to: Mr. Adrian Smith, Club Secretary (full address at top of this page).

Competitor's Signature _____ Date _____



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PARENTAL MEDICAL CONSENT FORM MUST BE COMPLETED BELOW

PARENTAL MEDICAL CONSENT FORM
STRICTLY CONFIDENTIAL

ONCE COMPLETED THIS FORM MUST BE SIGNED BY PARENTS/GUARDIANS.

Emergency Contact 1.
Parents/Guardians Names: _____ Mobile Tel: _____

Home Telephone Number: _____ Work Tel: _____

Emergency Contact 2.
Name _____ Home Tel: _____ Mobile Tel: _____

Medical Information

1. Childs Doctor's name and contact details: _____ Address: _____
Name _____
Telephone _____

2. Does your child experience any conditions requiring medical treatment and/or medication? Yes/No
If yes please give details:

3. Does your child have any allergies? Yes/No
If yes please give details:

4. Does your child have any specific dietary requirements? Yes/No
If yes please give details:

5. Please provide any further information that you feel is appropriate.

I confirm to my best knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.

I, _____ being parent/guardian of the above named child hereby give permission for Badgemore Park Golf Club to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughters interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signed – Parent Guardian:	
Print Name:	
Date:	