



BEARSTED GOLF CLUB JUNIOR OPEN MONDAY 30th JULY 2012

ENTRY FORM

WEBSTER TROPHY ELDRED HANDICAP CUP

**BEARSTED JUNIOR OPEN COMPETITION 2012
18 HOLE MEDAL (KENT ORDER OF MERIT)
STARTING TIMES FROM 12.30 pm.**

**AGE LIMIT 18 ON/ AFTER JANUARY 1ST 2012,
HANDICAP LIMIT 24-ACTIVE HANDICAP**

CURRENT CONGU® Certificates are required on the day with
CDH number if known

Entrance Fee: £10 per player including golf, meal & drink,
Prizes after play.

No player may receive more than one prize.

Please Note: All eligible applications will be accepted on a 'first come' basis, and your cheque presented upon receipt (check your statement!). Please do NOT post-date cheques. The Start Sheet and a copy of the Club's Dress Code will be sent out towards the end of July and posted on our website:

www.bearstedgolfclub.co.uk

*If unsuccessful, and not held in Reserve, your entrance fee will be returned.
Please send your completed application, together with a cheque, payable to 'Bearsted Golf Club' And a stamped, addressed envelope to:*

**Secretary, Bearsted Golf Club,
Ware Street, Bearsted, Kent, ME14 4PQ**

No Caddies allowed and no coaching on the course please. No metal spikes, soft spikes only.

CLOSING DATE: July 15th 2012

To contact the Organisers, ring Secretary 01622 738198 Or email: bearstedgolfclub@tiscali.co.uk
Last minute enquiries are welcome.

Please use ONE application form per player

Players Details

Name: _____ Hcap: _____ Club: _____

Contact: Telephone: _____

Address: _____

Address: _____

Town: _____ Postcode: _____

Email: _____

CDH NUMBER

PARENTAL/GUARDIAN CONSENT FORM

EVENT: (Please insert) Name of Child: _____

Golf Club: _____ Date of Birth: _____

Address: _____

Tel. No: _____

To enable us to care for the best interests of your child, it is important that the Bearsted Golf Club are aware of any medical condition, allergy or illness that your child may suffer from, or whether he/she is currently receiving medical treatment of any kind. Please indicate below, in confidence, any health related matter which you think we should be notified of, including details of any prescribed medication and dosage, or special dietary requirements.

My child is in good health and I give consent to him/her participating in the above Bearsted Golf Club Junior Open. I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those detailed above. I give permission for my child to receive essential medical or surgical treatment, as necessary, when a qualified medical practitioner prescribes such treatment.

MEDICAL – PLEASE PRINT NHS Number: _____

Child’s Doctor’s Name: _____ Tel No: _____

Surgery Address: _____

CONTACT DETAILS – PLEASE PRINT

Name: _____

Relationship to Child: _____ Tel No (Home): _____

(Work): _____ (Mobile): _____

Signed: _____ Parent/Guardian Date: _____

I consent to my child being photographed for possible inclusion in newspapers, golfing magazines or websites etc.

YES NO

(Please delete as necessary)

NB: IT IS YOUR DUTY TO ADVISE OF ANY CHANGE IN THE INFORMATION GIVEN HERE PRIOR TO THE EVENT – NO INFORMATION ON THIS FORM WILL BE PASSED TO A THIRD PARTY AND WILL BE DESTROYED AFTER THE EVENT.

If entry lists full, do you wish to be a reserve? (Cheque held until successful)

Yes No

Special Dietary requests: _____