

BURHILL JUNIOR OPEN - Surrey Junior Merit Counting



BURHILL

Monday 17th February 2020 | 18 Holes - New Course – 10 am Shotgun

Player Details (Please complete the following in BLOCK CAPITALS)

Title		First Name		Surname	
Date of Birth					
Address					
				Postcode	
Contact Telephone Number					
Email Address					
Home Golf Club					
Exact Handicap					
CDH Number					

Prizes

There will be Winner and Runner Up prizes for the Overall Scratch and Handicap Scores.
No competitor may win more than one such prize.

Terms & Conditions

1. The competition will be played over 18 holes stroke play, in accordance with the Rules of Golf and Local Rules of the Club. The round will be qualifying for Handicap Purposes. The decision of the Competition Committee will be final.
2. The competition is open to male and female amateur golfers who are members of an EGU affiliated golf club with a current CONGU or LGU handicap not exceeding **18.4** (at time of entry). Handicap Certificates **must** be presented.
3. Competitors must be 17 years of age or under on the date of the event.
4. Entries will be limited to 80 players. In the event of this limit being exceeded handicaps may be taken into account and a reserve list created. **Entries close at Close of Business on Friday 7th February 2020** the form above must be completed and sent with a cheque for the entry fee of **£35** made payable to **"Burhill Golf Club"**. No refunds will be given after the draw has been made, unless substitutes can be found. The committee reserves the right to accept or refuse any entry without assigning a reason.
5. In the event of a tie, the result will be decided on the last 18, 9, 6, or 3 holes, as necessary.
6. The entry fee of £35 includes 18 holes on the New Course shotgun start at 10am, followed by lunch and prize giving.
7. The draw will be made on Monday 10th February 2020 and a copy will be sent to each player as soon as possible.
8. Competitors are informed that smart casual dress is in order all day.
9. Caddies will not be permitted nor may advice be given during the course of play.

Declaration

I declare that the above information is correct, and I have enclosed the entrance fee of £35 on a cheque made payable to **"Burhill Golf Club"**, being eligible under the conditions of the competition and having the exact handicap as listed above under current CONGU or LGU handicapping schemes.

SIGNED PARENT:

SIGNED PLAYER:

COMPLETED ENTRY FORM AND CHEQUE PAYABLE TO
"BURHILL GOLF CLUB" SHOULD BE SENT TO:
Junior Open, Burhill Golf Club, Burwood Road,
Walton-On-Thames, Surrey, KT12 4BL

Contact the Pro Shop for details: 01932 227345 /
golf.shop@burhillgf-club.com



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BURHILL JUNIOR OPEN – Consent Form



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Monday 17th February 2020

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

LIABILITY - Full responsibility lies with the Parent/Guardian of their Child throughout the day whilst playing at Burhill Golf Club. The Organiser has undertaken DBS checks.

Health & Safety Legislation Consent Form (juniors). Completed by parent / guardian. Please print clearly

JUNIORS DETAILS	CLUB:
FULL NAME:	HOME TEL NO:
ADDRESS:	MOBILE:
	D.O.B:
E-MAIL:	N.H.S NO:

Please indicate who should be contacted in case of an emergency

NAME:	RELATIONSHIP:
HOME TEL NO:	WORK TEL NO:
MOBILE:	E-MAIL:
ALTERNATIVE NO:	RELATIONSHIP:

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

CONDITION	YES/NO	MEDICATION
DIABETES		
EPILEPSY		
MIGRAINE		
ASTHMA		
HAY FEVER		
Sensitivity to insect bites/stings		
Allergic to foods i.e. nuts/seafood? – Please specify		
Allergic to penicillin or any other medicine. State substitute		
Currently receiving any medical treatment? Please specify		
Tetanus injection up to date?		
Indicate any other medical conditions or problems we should beware of		
DOCTOR:	Tel no:	
ADDRESS:		

I consent to my son/daughter taking part in the golfing activities under the auspices of Burhill Golf Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorize BGC 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 eventuality every attempt will be made to contact you).

Unless this box is ticked, I permit photographs or videos of my child to be taken for social media and news release purposes by Burhill Golf Club.

Parent/Guardian name (capitals please)	
Signature:	Date:



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