

closing  
date 10.05.19



# JUNIOR OPEN

**Tuesday 28th May 2019**

*Combined Boys & Girls*

**18 Hole Scratch & Medal** 0-18 handicaps **£20** inc meal

**18 Hole Stableford** 19-36 handicaps **£20** inc meal

**10 Hole Stableford Event** beginners/non handicap\* **£12** inc meal

\*handicap of 30 given to every Junior

**No Caddies Allowed • Nearest Pin Boys/Girls**

**Sponsored Prize Table • Half Way House**

**Entries close on 10th May**

Entry Forms available online at:-

[www.haverhillgc.co.uk](http://www.haverhillgc.co.uk)

If you have any queries, or special dietary requirements  
please contact the Office direct.

**Tel: 01440 761951 (option 2)**

**admin@haverhillgc.co.uk • www.haverhillgc.co.uk**

**Haverhill Golf Club Ltd • Coupals Road • Haverhill • Suffolk • CB9 7UW**



# Junior Open

**Tuesday 28th May 2019**

## **BOYS & GIRLS**

*(Must be under 18 years old on 1st Jan 2019)*

- A** 18 Hole Scratch & Medal 0-18 handicaps - £20.00 inc meal
- B** 18 Hole Stableford 19-36 handicaps - £20.00 inc meal
- C** 10 Hole Stableford Event beginners/non handicap\* - £12.00 inc meal

**\*Handicap of 30 given to every junior.**

No Caddies Allowed • Nearest Pin Girls/Boys

Sponsored Prize Table • Half Way House

Any queries including special dietary requirements, please contact 01440 712628

Entry forms can also be found at [www.haverhillgc.co.uk](http://www.haverhillgc.co.uk)



**HAVERHILL GOLF CLUB • JUNIOR OPEN • COMPETITION ENTRY FORM  
TUESDAY 28<sup>th</sup> MAY 2019**

NAME: ..... HANDICAP: .....

HOME CLUB: ..... CDH NO: .....

CONTACT ADDRESS: .....  
.....

EMAIL:.....

TEL: .....

COMPETITION CATEGORY (please circle) **A B C**

AGE: .....

MEAL CHOICE: **Pizza & Chips** or **Burger & Chips** (please circle)

Cheques to be made payable to Haverhill Golf Club Ltd and sent with your entry form to:

Junior Open, Haverhill Golf Club, Coupals Road, Haverhill, Suffolk CB9 7UW.

Please enclose a stamped addressed envelope for your start time if you have not provided an email address.

**CLOSING DATE 10<sup>th</sup> MAY 2019**

**JUNIOR OPEN TOURNAMENT 2019**

**Parent /Guardian Consent Form**

In your child's interest it is important that Haverhill Golf Club is aware if he or she suffers from any illness or medical condition or has any special dietary needs. It is also important that we are able to contact you in an emergency. We ask, therefore, that you please complete the following sections.

Haverhill Golf Club will hold the information given in confidence and you are asked to ensure that any changes are notified to the Golf Club Manager immediately.

**Name of junior:**..... **Date of birth:**.....

**Address:**.....

.....**Post code:**.....

**Name of Parent/Guardian:**.....

**Contact numbers Home:**.....

**Work:**.....

**Mobile:**.....

**Medical Details**

I consent to my Son/Daughter receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

**His/ Her NHS number is:**.....

**His/ Her GP is:**.....

**Telephone No:**.....

Please state below if your Son/ Daughter is suffering from and medical condition, or is taking regular medication, including dosages and frequency of use, which may affect his/her participation in events run by Haverhill Golf Club. Please indicate if there are any special dietary needs that we should be aware of or any other circumstances which may relate to our care of your Son/Daughter.

.....

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**Photography**

I permit Haverhill Golf Club to photograph my son/daughter on the golf course and prize giving for the purpose of promotional literature for HGC website and press releases.

**Signature of Parent/Guardian:**.....**Date:**.....