



Rookery Park Golf Club



Junior Open

(D Cayless Trophy)

Friday 3rd August 2018

Scratch Holder: H Islam (Ipswich)

Handicap Holder: H Islam (Ipswich)

18 Hole Open Handicap Medal Competition

For boys and girls under the age of 18 on 1st January 2018

Handicap Limit 18. Open to members of recognised golf clubs with a competition 'c' CONGU Handicap

18 Hole Stableford Competition

For handicaps 19 & above

Holder: H Eade (RPGC)

Entry Fee £17.00 (Includes Meal)

Prizes for all groups

Nearest the Pins

Closing date for entries Friday 27th July 2018

Tee times will be posted at rookeryparkgolfclub.co.uk on Friday 27th July 2018

(A Suffolk Golf Union Junior Order of Merit Event)

Entries to:

**The Secretary, Rookery Park Golf Club, Beccles Road, Carlton Colville, Lowestoft
Suffolk, NR33 8HJ**

Tel: 01502 509190 (Option 4)

ROOKERY PARK GOLF CLUB

JUNIOR OPEN

3rd August 2018

18 HOLE HANDICAP, SCRATCH OPEN MEDAL & STABLEFORD COMPETITIONS

Entry Form

| | Name | Club | CDH Number |
|---|-------|-------|------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

Contact Address _____

Preferred Contact Tel: _____

Entry Fee enclosed: £17 per TOTAL _____

 person

Email Address _____

Please send entry form and payment to;

The Secretary,

Rookery Park Golf Club, Beccles Road, Carlton Colville, Lowestoft, Suffolk. NR33 8HJ

Telephone: 01502 509190 (office) 01502 515103 (Professional's shop)

Please make cheques payable to ROOKERY PARK GOLF CLUB

Ties will be decided on the last 9 holes (10 to 18 on the card).

If you have specific requirements for Tee Times or playing partners would you indicate only on this form please.

Closing date for entries Friday day 27th July 2018

ROOKERY PARK JUNIOR OPEN 2018

Parental Consent Form

In your child's interest it is important that we are aware of any medical conditions from which your child may suffer, or any dietary needs. It is also important that we can contact you in the event of an emergency.

Please could you complete this form with the entry form.
Any information given will be treated as confidential.

| |
|---|
| Name of Junior |
| Date of Birth |
| Address |
| Name of Parent/Guardian |
| Contact Telephone 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 and registered practitioner is
Name Telephone number

Please state below if he/she is suffering from any medical condition or is taking any regular medication which will affect his/her participation in any event organised by the club.

Details of medication should include dosages and frequency of use. Please indicate if there are special dietary needs that the club should be aware of, or any other circumstances which may relate to the care of your son or daughter.

I do/do not consent to my child having a photograph taken.

Signature of Parent/Guardian

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