



Felixstowe Ferry Golf Club

JUNIORS OPEN DAY

(Suffolk Golf Union JUNIOR ORDER OF MERIT EVENT)

WEDNESDAY 8TH AUGUST 2018

FORMAT: 18 hole MEDAL for handicaps 0/15 - BOYS & GIRLS
18 hole STABLEFORD for handicaps - Boys from 16/28
Girls from 16/36

TEE TIME: from 9.30 am onwards

ENTRY FEE: £26.50 (to include Prizes and Meal)

- Entrants must be under 18 years old as at 1st January 2017
- Separate Boys and Girls competitions
- Separate Scratch & Stableford Prizes
- Separate Prizes for Visitors and Club members
- Nearest the Pin / Longest Drive

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Closing Date – Wednesday 1st August, 2018

There will be a ballot if over subscribed

Please send your completed Entry Form and Cheque (payable to FFGC) to:

Junior Organiser
Felixstowe Ferry Golf Club,
Ferry Road, FELIXSTOWE, IP11 9RY

Telephone: 01394 286834
Email: secretary@felixstowegolf.co.uk

7 days notice of cancellation must be given – no refund after that time
Starting times will be sent out approximately 3 weeks prior to the day



Felixstowe Ferry Golf Club

JUNIORS OPEN DAY ENTRY FORM

Wednesday 8th August, 2018

Name H.Cap

Address

Telephone No.

e.mail

CDH Unique ID Number

Club

Cheque for £..... enclosed (**payable to Felixstowe Ferry Golf Club**)

Signed Date

Please let us know if you require a Vegetarian alternative or you have a particular dietary requirement.

Please send your completed Entry Form and cheque to:-

***Junior Organiser
Felixstowe Ferry Golf Club
Ferry Road
FELIXSTOWE, IP11 9RY
secretary@felixstowegolf.co.uk***

01394 286834



Felixstowe Ferry Golf Club

JUNIORS OPEN DAY – PARENT CONSENT FORM

In your child’s interest, it is important that Felixstowe Ferry 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 the event of an emergency.

Could you, therefore, please complete this form and return it to me – Secretary. The information given will be treated confidentially by the Club.

Full name of Junior

Date of Birth

Permanent Address

.....

Telephone No.

Name of Parent/Guardian

Contact Nos. Home

Work

Mobile

e.mail

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 N.H.S. Number

Registered Practitioner

Telephone No.

Please state below if your son/daughter is suffering from any medical condition, or is taking regular medication which will effect his/her participation in events which take place at or are organised by the Club. Details of medication should include dosages and frequency of use. Please indicate if there are any special dietary needs that the Club should be aware of, or any other circumstances which may relate to the Club/s care of your son/daughter.

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Signed (Parent/Guardian)

Date