



NEVILL JUNIOR OPEN

SATURDAY 2 MAY 2020 - 18 Hole Medal – First Tee Time 10:30

**Maximum Handicap 28 for Boys and 36 for Girls
Under 18 Years of age on 2.05.20**

PRIZES

Scratch 1st & 2nd, Nett 1st & 2nd

Qualifying Round – Daily Telegraph Junior Golf Championship

SUSSEX ORDER OF MERIT COMPETITION

Separate Competition for under 14 years of age at 01.09.20, and Girls' competition

PLUS

Nearest the Pin on both the 9th and the 12th

CLOSING DATE FOR ENTRIES: THURSDAY 18 APRIL 2020

**A draw will be made for partners and the start sheet will be emailed to competitors.
NO CADDIES ARE PERMITTED**

ENTRY FEE £25.00 TO INCLUDE LUNCH

To: THE NEVILL OFFICE, (Junior Open 2020) - BLOCK CAPITALS PLEASE

FULL NAME: DATE OF BIRTH: AGE:

ADDRESS:

County P/Code..... Tel No:

EMAIL ADDRESS

GOLF CLUB: HANDICAP:

CDH ID No

Competitor's Signature Entry Fee of £25.00 enclosed - Cheques payable to Nevill Golf Club

Bank Transfer Payments:

Sort Code: 40-51-62 Account No: 10808092 Please put 'Open + Your Surname' in the ref box

Benhall Mill Road, Tunbridge Wells, Kent TN2 5JW

Tel: 01892 525818

E-Mail: nick@nevillgolfclub.co.uk

Web Site: www.nevillgolfclub.co.uk

GDPR Consent – "I agree to the Nevill Golf Club retaining my data so I can receive information on future events"



NEVILL JUNIOR OPEN

PARENTAL CONSENT FORM

CHILD'S NAME:

DATE OF BIRTH:

ADDRESS:

PARENT/GUARDIAN'S MOBILE N° ON THE DAY

In caring for the best interest of your child, it is important that we know whether he/she suffers from any medical condition or illness, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matter which you think it is best we know about, including the details of any prescribed dosage or special dietary requirements.

I consent to the above named child participating in the Nevill Junior Open Golf Competition on 2 May 2020.

Please give details below of prescribed medication, medical conditions or special dietary requirements/allergies.

.....

I consent to my child receiving essential medical treatment, as necessary, when a qualified practitioner prescribes the treatment.

NHS Number: Doctor's Name & Phone No

I consent also to my child being photographed for possible inclusion in Sussex County Golf Union Books, Local Press etc.

GUARDIAN'S SIGNATURE..... GUARDIAN'S NAME.....

To comply with Child Protection Law please tick box