



COPTHORNE GOLF CLUB
Borers Arms Road, Copthorne, West Sussex RH10 3LL
01342 712033 www.copthornegolfclub.co.uk

JUNIOR OPEN

(Juniors under 18 on 1st Jan 2023)
Sunday 24th September 2023
18-hole Individual Medal

1. The competition is open to junior amateur golfers with a recognised WHS competitive handicap –
2. Handicap limit boys 28 – girls 36
3. Tee times will be from 12 noon;
4. The Dalley Trophy shall be awarded to the lowest gross score and the Dalley Cup will be awarded to the lowest nett score;
5. Sammy Smith Salver shall be awarded to the lowest nett score for players aged 14 and under
6. Prizes shall be awarded as follows:
 - i. Scratch 1st, 2nd & 3rd;
 - ii. Handicap 1st, 2nd & 3rd;
 - iii. Salver 1st
 - iv. No player to receive more than one individual prize;
7. The entry fee shall be £25.00 per person and will include food after golf;
8. The closing date for entries shall be **Friday 1st September 2023**;
9. The start sheet will be sent via email;
10. The decision of the Competition Committee shall be final.
11. Please complete the attached Parental Consent form and return to the club with the entry form

Please complete the form below using block capitals and email it to office@copthornegolfclub.co.uk

Name:	Home Club	CDH No Handicap
Address:		
Email Address		
Telephone Number		
Please notify us of any dietary requirements		

Payments should be made by BACS as follows: £20.00 per person
Sort code 20-99-56 Account 73113426 Ref: [Surname]JuniorOpen23

Copthorne Golf Club

PARENTAL CONSENT FORM

Childs Name: Date of Birth:

Address:

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Contact Telephone Number(s):

Relationship to the Child:

I consent / do not consent to the photographing and publication of images of my son / daughter and I understand that the Club will take all necessary steps to ensure that these images are used appropriately and solely for the purposes intended, namely the promotion and celebration of the activities of Copthorne Golf Club.

Medical: My son / daughter is, to the best of my knowledge, fit and well.

My son / daughter has the following medical condition:

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Medical information regarding my son / daughter of which I consider you should be aware:

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My son / daughter takes the following prescribed drugs and/or pharmaceutical products:

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In the event my son / daughter becoming ill or suffering injury whilst playing golf I am happy for Copthorne Golf Club to treat or arrange medical care as necessary, should I not be immediately contactable.

Signed:(parent/guardian) **Dated:**