## Entry for Junior Boys & Girls Open at Bungay & Waveney GC Sunday 6th September 2020

NAME:	CLUB & H'CAP
	CDH NO:
ADDRESS:	<u> </u>
SCHWER TEAM NAME:	
NAME:	CLUB & H'CAP
NAME:	CLUB &H'CAP
NAME:	CLUB &H'CAP
START SHEETS will be sent	to your e-mail address or enclose SAE with entry form
PARENTAL CONSENT	
NAME OF CHILD	
DATE OF BIRTH	
CONTACT TELEPHONE NO:	
ALTERNATIVE EMERGENCY CONTACT	
E-MAIL ADDRESS	
WRITE CLEARLY PLEASE	
I / we agree to him / her taking Medical/Dietary/Cultural needs	part in the Geoffrey Watts Junior Open. He / she has no special s (Please delete as appropriate)
He / she has the following Dietary/Medical/Cultural needs, including any disability or behaviour (including hurting him/herself or others), which may entail extra supervision by adults or specialist	
medical knowledge (please dele if you wish.	ete as appropriate). You may send these details in a sealed envelope
DETAILS:	
NAME: PLEASE PRINT	
SIGNED & DATE:	
SIGNED & DATE.	
PARENT / GUARDIAN	

The organisers may ask for further details with regards to some medical needs or behaviour management. This is to ensure that all children / young people in the group can enjoy the activities as safely as possible