

ROOKERY PARK GOLF CLUB

JUNIOR OPEN

26th September 2020

18 HOLE HANDICAP, SCRATCH OPEN MEDAL & STABLEFORD COMPETITIONS

Entry Form

Name

Club

CDH Number

1

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2

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3

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Contact Address

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Preferred Contact Tel:

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Entry Fee enclosed:

£17 per
person

TOTAL

.....

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 18th September 2020

ROOKERY PARK JUNIOR OPEN 2020

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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