



Waterlooville Golf Club **Junior Open Meeting**

Incorporating the Daily Telegraph Qualifier

Thursday 30th May 2024

- Format:** 36-hole medal competition.
- Entrance Fee:** £28.00 per person to include a light lunch.
- Handicap Limits:** Boys - 28 Girls – 36. Competitors must have a valid competition handicap.
- Age Limit:** Under 18 on 1st January 2024
- Prizes:** 36 Hole Nett and Gross
Morning and Afternoon Nett and Gross – dependent on entries
- Closing Date:** All Entries must reach the Club by **Friday 17th May 2024**. If the event is over-subscribed, the higher handicap players will be balloted out. Entrants on the reserve list will be notified by E-mail and contacted via phone if a place becomes available.
- Cancellations:** It is regretted that no refund of entry fees will be made after the closing date.
- Prize-Giving:** All players are expected to dress smart casual for the prize-giving after play. Winners may receive only one main prize and they must attend the presentation, which will take place directly after the event.
- For any dispute the organisers' decision is final

We will email start sheets to the email addresses provided. If you would prefer to receive a copy in the post, please provide S.A.E with your entry form.



Waterlooville Junior Open – Thursday 30th May 2024

Name D.O.B

Address:

..... Post code:

Email Address:

Telephone Number: Handicap Index:

Club: CDH Number:

Please complete (including the parent consent form) and return with entrance fee to: Junior Open, Waterlooville Golf Club, Cherry Tree Avenue, Cowplain, Waterlooville, Hants PO8 8AP

Please use the following BACS payment details and clearly reference the payment JUNIOR OPEN along with the entrant's surname:

Account name: Waterlooville Golfers Limited

Account number: 99038846

Sort code: 56-00-64

Parental Consent

In your child's interests, it is important that we are aware if he or she suffers from any illness or medical condition or has any special dietary needs. It is also important that we can contact you in the event of an emergency.

Could you therefore please complete the following sections. The information given will be held in confidence and you are asked to notify us of any changes.

Name of Parent/Guardian:

Contact 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. Please state below if your son/daughter is suffering from any medical condition or is taking regular medication which will affect his/her participation in the even organised by Waterlooville Golf Club. Details of medication should include dosages and frequency of use. Please indicate if there are any special circumstances which may relate to our care of your son/daughter.

Signature of Parent/Guardian.....

Date