



DRIFT GOLF CLUB 2021 Junior Open

Wednesday 27th October

Entry Form

Player Name:	Club:	Hcp:
Address:		WHS:
Email:		
Tel:	D.O.B.:	
Player Contact Telephone/E-mail:		

Format:

18 Hole Qualifying Medal Play

Maximum Handicap Index Girls 36, Boys 28

Handicap certificates will be required on the day.

Entry Fee: £30.00

Cheques made payable to 'The Drift Golf Club'

No refunds will be made to withdrawals after the closing date

Closing Date - Sunday 10th October

Smart casual dress code after play. Golf attire acceptable

Entrants must be under 18 years of age on the day of the event

Open to Members and Visiting Competitors

Includes:

18 Hole Medal Play Tournament

Two course lunch on the Terrace

Fantastic prizes

Prizes:

1st & 2nd Scratch

1st & 2nd Nett

Nearest the Pin

All ties will be decided by
scorecard count back

Please return completed entry form together with the entry fee to
Junior Open Entries, Drift Golf Club, The Drift, East Horsley, Surrey, KT24 5HD.

Please make cheques payable to 'The Drift Golf Club'.

Start times will be notified by email



Junior Open Parent/Guardian Consent Form

I wish my son/daughter to enter the Drift Junior Open

Childs Name

D.O.B.

Disclaimer:

My child is in good health and I consider him/her capable of taking part in this activity. I have provided medical information below and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that whilst the sports coaches and staff will take every precaution to ensure that accidents do not happen, they may not be held responsible for any loss, damage or injury suffered by my child.

Parental Consent Form:

(Please enter your personal details below)

Name

Address

Postcode

Emergency Contact Number

Email Address

Do you consider your child to have a disability? Yes/No

If Yes, please fill in the information below:

.....
.....

Other emergency contact (Name/Number)

Please provide any other information relating to any medication, allergies, dietary requirements, etc. your child may have

.....

Doctors Name/Address

..... Tel No

Name Of Parent

Signed Date