



# DRIFT GOLF CLUB 2022 Junior Open

## Wednesday 26<sup>th</sup> October

### ENTRY FORM

ONLINE REGISTRATION AVAILABLE BY CLICKING

<https://drift.intelligentgolf.co.uk/competition.php?compid=3114>

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

Closing Date – Sunday 9<sup>th</sup> 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

All ties will be decided by scorecard count back

### PRIZES:

1st & 2nd Scratch

1st & 2nd Nett

Nearest the Pin

### PAYMENT OPTIONS

1) By BACs to **Drift Golf Club** Sort Code **20-53-30** Account Number **80720887**

Ref **JO 26/10 NAME**

1) Call 01483 675229 to pay over the telephone by debit or credit card

2) Or Enclose a cheque, made payable to The Drift Golf Club, with the entry form and return to The Drift Golf Club, The Drift, East Horsley, Surrey, KT24 5HD

**Kindly note entry will not be confirmed until payment is received**

**No refunds will be made to withdrawals after the closing date**

**Start times will 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 .....