

# WORTHING GOLF CLUB



## JUNIOR GIRLS OPEN

SUNDAY 10TH JUNE 2012

18 HOLE STABLEFORD

**SCLGA Order of Merit - (Full Handicap allowance)**

Played on the UPPER COURSE

for the **PAT BROWN TROPHY** (Handicap)

Holder:- Megan Edwards (Hill Barn)

and the **DI LANGRIDGE TROPHY** (Scratch)

Holder:- Jelina Fernando (Mid Sussex)

Open to Juniors under the age of 18 Years on 1st January 2012 (no player may win more than one prize)

**Active Handicap Certificates will be required on the Day**

**ENTRY FEE - £18 per Person**

(Including Food & Prizes)

**Entry Fees will not be refunded after the draw has been made**

Dress code to be observed on the Course and in the Clubhouse - no Jeans or Trainers,

Presentation & Prizes awarded on the day - Smart Dress required



**ENTRY FORM** - Closing Date:- 1st June 2012



**WORTHING GOLF CLUB** - JUNIOR GIRLS OPEN

**SUNDAY 10TH JUNE 2012**

Full Name:- \_\_\_\_\_ Club:- \_\_\_\_\_ H/cap:- \_\_\_\_\_ CDH No:- \_\_\_\_\_

Address:- \_\_\_\_\_

Tel. No:- \_\_\_\_\_

E Mail Address:- \_\_\_\_\_

Any special dietary requests please state:- \_\_\_\_\_

Preferred Start Time:- Early:- \_\_\_\_\_ Middle:- \_\_\_\_\_ Late :- \_\_\_\_\_ (priority given as Entry Forms are received)

**ENTRANCE FEE: £15** (payable to Links Road Golf Club Ltd)

Should be sent with this form, parental consent form and S.A.E. or Email address to :

WORTHING GOLF CLUB - Junior Girls Open, Links Road, Worthing, Sussex BN14 9QZ.

Website - [www.worthinggolf.com](http://www.worthinggolf.com)

Email - [enquiries@worthinggolf.com](mailto:enquiries@worthinggolf.com)

Tel: 01903 260801

# Worthing Golf Club Junior Section

Junior Open 2012

Junior's Name..... Date of Birth...../...../.....

Next of Kin.....

Address.....

..... Post Code.....

Email Address.....

Telephone Number (next of Kin) Home.....

Mobile.....

Doctor and surgery Address.....

Telephone.....

Does your child have any Medical conditions and details: *(please use reverse of this form.)*

Medication: Will they need to take it during the day?

Allergies:

Specific dietary requirements:

Any disability and nature:

I ..... Being a parent/guardian of the above named child, hereby give permission for the Worthing Golf Club responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by the competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion for any delay to be incurred by the seeking of my personal consent.

Signature.....

Date / /2012

## Photography.

Photos taken on the day are solely for the use of Worthing Golf Club and may be published on the club's web site, in club emails and in local newspapers. Please give your consent below.

Parent /Guardian Signature .....

Child Signature.....