



## **Crowborough Beacon Golf Club Junior Open**

### **Junior Beacon Shield**

**Wednesday 15<sup>th</sup> August 2012**

<b>Format</b>	<b>Handicap and Scratch Medal Event over 18 holes.</b>
<b>Prizes 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup></b>	<b>Scratch and Handicap</b>
<b>Qualifier</b>	<b>County Junior Order of Merit Event and Abu Dhabi/Daily Telegraph Qualifying Event</b>
<b>Eligibility</b>	<b>Open to Boys and Girls under the age of 18 on 1<sup>st</sup> January 2012</b>
<b>Active Handicap</b>	<b>Limit: Boys 28 – Girls 36</b>
	<b>Please bring current handicap certificate with you, and confirm your CDH (Central Database of Handicaps) Lifetime ID (a 10 digit number).</b>
<b>Entry fee</b>	<b>£17 including food</b>
<b>1<sup>st</sup> Tee time</b>	<b>from 8:00am</b>
<b>No Caddies</b>	<b>No caddies are permitted for this event, but parents or guardians are welcome to ball spot or walk the course, being respectful at all times of SCGU/SCLGA rules and regulations</b>
<b>Dress Code</b>	<b>Jacket and tie to be worn by boys following the competition. Smart casual for girls.</b>
<b>To enter</b>	<b>Please complete the entry form overleaf and send with a cheque for £17.00 made payable to CBGC, to:</b>
	<b>The Assistant General Manager, Crowborough Beacon Golf Club, Beacon Road, Crowborough, East Sussex TN6 1UJ. Telephone 01892 661511</b>

**Please include a stamped self-addressed envelope to confirm your tee time and playing partners, or supply your e-mail address for reply**

**Closing date 8<sup>th</sup> August 2012**

**Forms Please complete the attached 2012 Entry Form and Parental Consent Form**

# Crowborough Beacon Golf Club Junior Open 2012

## Entry Form

Please enter me for the Crowborough Beacon Golf Club Junior Open on 15<sup>th</sup> August 2012

Name:	Telephone:
	Mobile:
Address:	Email:
Post Code:	
Home Club:	Handicap: Current Certificate required on day
	Lifetime ID 10 Digit Number from Central Database of Handicaps (This can be confirmed by your Home Club)
Emergency contact name (on day of event):	Emergency phone number:
Parental Consent Form enclosed	Date of Birth:

Please return this entry form and the parental consent form with a self addressed envelope\* and cheque for £17 made payable to CBGC, to: The Assistant General Manager, Crowborough Beacon Golf Club, Beacon Road, Crowborough, East Sussex TN6 1UJ

\* No self addressed envelope is required if you have provided an e-mail address

# Crowborough Beacon Golf Club Junior Open 2012

## Parental Consent Form

Child's Name:	Date of Birth:
Home address:	Telephone:
GP's address:	GP's phone number:
Does your child suffer from any medical condition or illness for which s/he is currently receiving treatment? If so please indicate if any medicines will be needed on the day.	
Do you consent to your child receiving essential medical treatment, if necessary? Yes/No	
Does your child have any special dietary requirements?	
Do you consent to your child being photographed for publicity purposes? Yes/No	
Name of parent or guardian:	
Signature:	