



# BURY ST EDMUNDS GOLF CLUB

## ADULT/JUNIOR OPEN



**Format: 18 Hole 4BBB Stableford**

# Sunday 20th October 2019



## Open to Junior Boys/Girls Partnered by an adult

**(Juniors under 18 on 1st January 2019)**

**Handicap limits: 36 for girls, 28 for boys**

**Individual prizes for Juniors**

**Best Score of the day & Two divisions**

*No Junior may receive more than one individual prize*

**Entry Fee: £30 per pairing (including lunch)**

**Send Entry Form, Parent Consent Form & remittance to:**

The Assistant Secretary  
Bury St Edmunds Golf Club  
Tut Hill, Bury St Edmunds

Suffolk IP28 6LG

Tel: 01284 755979 / Email: [assistant@burygolf.co.uk](mailto:assistant@burygolf.co.uk)

**Entries close: 20th September 2019**

**Entries limited to the first 48 pairs received**

**Handicap certificates will be required on the day**



# BURY ST EDMUNDS GOLF CLUB



# ADULT/JUNIOR OPEN

# Sunday 20th October 2019

## ENTRY FORM

(Stableford points may be deducted if a handicap certificate is not produced)

**(Juniors under 18 on 1st January 2019) - Handicap limits: 36 for girls, 28 for boys**

### ADULT DETAILS

### JUNIOR DETAILS – BOY / GIRL

Name	
Email	
H/cap	
Address	
Postcode	
Tel No.	
Club	

Name	
Email	
H/cap	
Address	
Postcode	
Tel No.	
Club	

**Please send entry fee of £30.00 per pairing by 20th September 2019**

**with this form and the Parent Consent form to:**

The Assistant Secretary, Bury St Edmunds Golf Club, Tut Hill, Bury St Edmunds, Suffolk IP28 6LG

Tel: 01284 755979 / Email: [assistant@burygolf.co.uk](mailto:assistant@burygolf.co.uk)

**Please choose your menu options by filling in the boxes**

**Any special dietary requirements please note below:**

Number required

Chicken & Chips

Burger & Chips

Vegetarian option

Special dietary requirements



# BURY ST EDMUNDS GOLF CLUB

## ADULT/JUNIOR OPEN



### PARENT CONSENT FORM

#### Adult/Junior Open 2019

**Please complete in BLOCK CAPITALS and return with the entry form**

In your child's interest it is important that Bury St Edmunds Golf Club are aware if he or she suffers from any illness or medical condition, or has any special dietary needs. It is important that we are able to contact you in the event of an emergency. Could you therefore please complete the following sections. The information given will be held in confidence by Bury St Edmunds Golf Club. You are asked to ensure that any changes are notified at once.

Name of Junior ..... Date of Birth .....

Address .....

..... Postcode .....

Name of Parent/Guardian .....

Email of Parent/Guardian .....

**Emergency Contact**

**Contact Name** .....

Home Tel No ..... Mob Tel No .....

**Medical Details**

I consent to my child receiving medical treatment which in the opinion of a qualified Medical Practitioner may be necessary.

Their NHS number is ..... and their registered practitioner is:

Name ..... Tel No .....

Please state below if your child is suffering from a medical condition, or is taking regular medication which will affect their participation in events organised by Bury St Edmunds Golf Club. Details of medication should include dosages and frequency of use. Please indicate if there are any special dietary needs that we should be aware of or any other circumstances which may relate to our care of your child.

**Use of Photographs and Recorded Images**

I consent to Bury St Edmunds Golf Club photographing or videoing my child under the stated rules and conditions.

Signature of Parent/Guardian ..... Date .....