

**WROTHAM HEATH**  
**GOLF CLUB**

**JUNIOR OPEN MEETING**

Daily Telegraph Qualifier  
Kent CGU Junior Order of Merit Qualifier

Friday 17<sup>th</sup> August 2012

**18 HOLE MEDAL SCRATCH AND NETT  
PRIZES**

OPEN TO BOYS AND GIRLS UNDER 18  
ON 1<sup>st</sup> JANUARY 2012

‘ACTIVE’ HANDICAP LIMIT – BOYS 28 GIRLS 36

ENTRANCE FEE OF £20.00 INCLUDES LUNCH

STARTING FROM 8.30 AM

\*\*\*\*\*

**WROTHAM HEATH GOLF CLUB JUNIOR ENTRY FORM**  
**CLOSING DATE: 10<sup>th</sup> August 2012**

Name.....Date of Birth.....  
Address.....  
.....Post Code.....  
Home Club.....Handicap.....  
Tele No.....Signature.....

**CDH No.**

--	--	--	--	--	--	--	--	--	--

Cheques should be made payable to ‘Wrotham Heath Golf Club’  
Please return entry form and fee with stamped addressed envelope to:  
The Secretary, Wrotham Heath Golf Club, Seven Mile Lane, Comp, Sevenoaks Kent TN15 8QZ

NB: No person can collect more than one prize. No caddies will be allowed. A current handicap certificate will be required.

**PLEASE FILL IN THE CONSENT FORM!!**

# PARENT CONSENT FORM

In your child's interests it is important that we are aware if he/she suffers from any illness or medical condition, or has any special dietary needs. It is also important that we are able to contact you in the event of any emergency.

Would you therefore please complete the following sections. The information given will be held in strict confidence and you are asked to ensure that any changes to this information are notified at once.

Name of Junior: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Numbers Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

## Medical Details:

I consent to my son/daughter receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

Please state below if your son/daughter is suffering from a medical condition, or is taking regular medication which will affect his/her participation in this event organised by Wrotham Heath Golf Club.

Details of medication should include dosages and frequency of use. Please indicate if there are any special circumstances which may relate to our care of your son/daughter.

---

---

---

---

Signed – Parent/Guardian:	
Print Name:	
Date:	