



WEST HOVE GOLF CLUB

JUNIOR OPEN



SUNDAY 19TH JULY 2009

**18 HOLE MEDAL
COUNTY ORDER OF MERIT
Commencing 11:30 am**

**Open to Juniors under the age of 18 years
on 1st January 2009**

**Handicap limit
28 for boys - 36 for girls**

**PRIZES WILL BE PRESENTED FOR
THE LEADING SCRATCH AND NETT SCORES
(No player may win more than one prize)**

**The DON THATCHER CUP will be held for one year
by the player returning the best SCRATCH score**

**The BRIAN HAZELGROVE SALVER will be held for one year
by the player returning the best HANDICAP score**

**ENTRANCE FEE - £16.50
(including a meal)**

**Entry forms obtainable from your Club Secretary or from
The General Manager, West Hove Golf Club
Badgers Way, Hangleton, Hove, East Sussex BN3 8EX
Telephone: (01273) 419738 Fax: (01273) 439988**

CLOSING DATE FOR ENTRIES - MONDAY 6th JULY 2009

Entry fees will not be refunded after Monday 13th July 2009

**ALL COMPETITORS ARE EXPECTED TO BE AT THE PRESENTATION
JACKETS AND TIES MUST BE WORN**



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ENTRY FORM

FIRST NAMESURNAME.....

ADDRESS.....

.....

..... POST CODE.....

TEL No. DATE OF BIRTH.....

HANDICAP EXACT HANDICAP PLAYING.....

GOLF CLUB.....

I certify that the particulars given above are correct:

SECRETARY.....

GOLF CLUB.....

DATE.....

ENTRANCE FEE OF £16.50 IS ENCLOSED

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Entry fees will not be refunded after Monday 13th July 2009

Please send this entry form together with the £16.50 entrance fee
and a **STAMPED ADDRESSED ENVELOPE** to:

The General Manager, West Hove Golf Club
Badgers Way, Hangleton, Hove, East Sussex BN3 8EX

CLOSING DATE FOR ENTRIES - MONDAY 6th JULY 2009

Current handicap certificate will be required on the day of the competition

WEST HOVE GOLF CLUB LIMITED

Company Number 3408462

Registered Office: Badgers Way, Hangleton, Hove, East Sussex BN3 8EX

Telephone: 01273 419738 Fax: 01273 439988

e-mail: info@westhovegolf.co.uk

West Hove Golf Club Junior Open 2009 Parental Consent Form

Name of Child: Date of Birth:

Address:

..... Post Code:

E-Mail Address

To enable us to care for the best interest of your child, it is important that we know whether he/she suffers from any medical condition or illness, or whether she/he is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matter which you think it is best we know about, including the details of any prescribed dosage or special dietary requirements:

.....
.....

My child is in good health and I consent to her/him participating in golf events.

I consent to my child receiving essential medical treatment, as necessary, when a qualified practitioner prescribes the treatment.

NHS Number: NHS Doctor:

Address of surgery:

Post Code: Tel No:

Name of Parent or Guardian:

Tel No: (Home) (Work) (Mobile).....

Signature

This form will be kept until the end of 2009 and will then be shredded.

No information held on this form will be passed to a third party.

I consent also to my child being photographed for possible inclusion in Sussex County Golf Union Books etc.

To comply with Child Protection Law please tick box

For more information visit our web site www.westhovegolfclub.info