



THE HERTFORDSHIRE
GOLF & COUNTRY CLUB

The Hertfordshire Golf Club are pleased to announce their Junior
Open will take place on Wednesday 21ST August 2024.

Tee Times from 1100 am

Part of the Hertfordshire county order of merit

OPEN TO ALL JUNIORS UNDER THE AGE OF 18 AS OF 01ST JANUARY 2024

18 HOLE MEDAL & STABLEFORD

- WHITE TEES BOYS
- RED TEES GIRLS

PRIZES FOR:

1st Boys & Girls Gross

1st & 2nd Boys & Girls Stableford

Nearest pins all divisions

£35.00 Entry Fee

MAX PLAYING HANDICAP 28 BOYS/ 36 GIRLS

Price includes food & prizes

ENTRY CLOSES 01st August 2024, Tee times will be released on 07th
August 2024

Contact details: Ross Garrard

Tel: 07471 852 795



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JUNIOR OPEN ENTRY FORM

NAME: _____ / WHI No: _____

ADDRESS: _____

CONTACT No: _____

EMAIL: _____

PARENT CONTACT: _____ / No: _____

COMPETITION

PLEASE TICK BOX

BOYS [] GIRLS [] 9 HOLE []

BURGER & CHIPS []

VEGGIE BURGER & CHIPS []

Entry Form (with payment) and Parent Consent Form to be returned to:

ALL PAYMENTS MADE TO

ROSS GARRARD

ACC: 40503780

SORT CODE: 07-04-36

REF: JUNIOR SURNAME

PLEASE EMAIL ENTRY FORMS TO

ROSSGARRARD@ICLOUD.COM



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EMERGENCY FIRST AID/MEDICAL TREATMENT - Parent Consent Form

In your child's interests it is important that we are aware if he or 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 an emergency.

Could you therefore please complete the details below. The information given will be held in confidence by The Hertfordshire Golf Club.

Name of Junior: **Date of Birth:**

Address:

..... **Post Code:**.....

Name of Parent/Guardian:

Contact numbers: HOME MOBILE.....

Medical Details

I consent to my son/daughter receiving medical treatment which in the opinion of a qualified Medical Practitioner maybe necessary. His/her registered practitioner is:

Name: **Tel No:**

Please state below if you son/daughter is suffering from a medical condition, or is taking regular medication which will affect his/her participation in events organised by The Hertfordshire Golf Club

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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 son/daughter.

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Signature of Parent/Guardian **Date**