



The Hertfordshire Golf Club are pleased to announce their Junior Open part of the county order of merit will take place on Wednesday 20th August 2025.

1st tee time from 11:00

OPEN TO ALL JUNIORS UNDER THE AGE OF 18 AS OF 01ST JANUARY 2025

18 HOLE MEDAL

- **WHITE TEES BOYS**
- **RED TEES GIRLS**

PRIZES FOR:

1st & 2nd Boys & Girls

Nearest pins all divisions

£35.00 Entry Fee

Price includes food & prizes.

Lasagna & Chips

Veggie Lasagna & Chips

MAX PLAYING HANDICAP 28 BOYS/ 36 GIRLS

ENTRY CLOSES 08th August 2025, Tee times will be released on 11th August.

Contact details: Ross Garrard Tel: 07471 852 795



JUNIOR OPEN ENTRY FORM

NAME: _____

CDH No: _____

ADDRESS: _____

CONTACT No: _____

EMAIL: _____

PARENT CONTACT: _____

No: _____

Food Options

Lasagne [] Veggie Lasagne []

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**



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 can 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: _____

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

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.

Signature of Parent/Guardian _____

Date _____