Individual Prizes for Scratch and Handicap.
(Only one prize per Person)

This event is also a BB&O Order of Merit qualifier

EAST BERKSHIRE GOLF CLUB
Ravenswood Ave, Crowthorne, Berkshire RG45 6BD
Tel: 01344 772041 Email: office@eastberkshiregolfclub.com

COUNTY TEAM PRIZE OVER 36 HOLES (Under 18 and Under 16 Trophies)
TEAMS OF 3 FOR COUNTY TEAM TROPHY

The morning round will also be a qualifier for the 2021 Daily Telegraph Junior Competition.

(HANDICAP INDEX LIMITS – Boys 14.0 - Girls 18.0)
This is a scratch and handicap event open to Boys & Girls under 18 years on the 1st January 2021

ENTRY FEE £30 (Payable by BACS: Sort Code: 20-11-74. Account Number: 30938017)

The entry includes coffee on arrival, a light Lunch and a 2-course evening meal for all competitors
Further catering will also be available for all competitors, parents and other visitors from 7.00 a.m. and throughout the day from the bar menu.

Closing date for entry is Wednesday 14th July 2021
The Committee of East Berkshire Golf Club will rule on any disputes which may arise and their decision shall be final

ENTRY FORM

East Berkshire - Junior Stag Open Competition - Wednesday 28th July 2021

Please use 'Block Capitals' and ensure that everything is legible, especially the e-mail address.

SURNAME		**FIRST NAME**	
HOME ADDRESS			
POST CODE		**Telephone/Mobile**	
EMAIL ADDRESS			
GOLF CLUB		**HANDICAP INDEX:**	
CDH No:		**DATE OF BIRTH**	
SIGNATURE		**DATE**	

ALL competitors must hold a current Handicap Index
Please now complete the 'Safeguarding and Child Protection' questionnaire, which can be downloaded from the Club's website – www.eastberkshiregolfclub.com and a copy is also attached with this entry form), before submitting this form.

ENTRIES WILL NOT BE ACCEPTED WITHOUT THIS FORM BEING COMPLETED AND RETURNED WITH THE ENTRY FORM

EAST BERKSHIRE PARENTAL CONSENT FORM

Please submit the below form if you have entered a player into the East Berkshire Junior Event and they are under the age of 18 on the day of the event. Please note you will only need to submit this form once and it will cover the player for one calendar year unless there are any changes that we should be made aware of.

Players (Child's) First Name	
Players (Child's) Surname	
Date of Birth	
Address	
E-Mail address for all correspondence	
Parent/Guardian Name	
Parent/Guardian mobile number	
Relationship to child	
Parent/Guardian 2 name	
Parent/Guardian 2 mobile number	
Relationship to child	
Additional Emergency Contact Name	
Additional Emergency Contact number	
Relationship to child	
Does the player have any medical conditions or require any treatment	
If yes, please enter details:	
Does the player have any allergies including to any medication?	
If yes, please enter details	
Do you give permission for East Berkshire Golf Club to arrange for your child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre where necessary	**Yes** **No**

Signed:

Dated: