



CRONDON PARK

JUNIOR OPEN

25
THUR / JULY / 2024

Entry Fee - £35 per player, Includes Lunch and a drink
18 hole Gross Medal & Stableford Event (Nett)

All players must be under 18 on 1st January 2024 and have a
competition CDH number

Handicap Index Limits

Boys 28 - Girls 36
85% Handicap Allowance

Format of the Day:

Registration from 9:30am, 18 holes, One course meal and prize presentation

**Prizes for Individual prize gross - boy and girl, Nett Prize - boy and girl
and nearest the pin and longest drive - boy and girl*

CLOSING DATE FOR ENTRIES: 11th July 2024





Crondon Park Golf Club

Junior Open - Thursday 25th July 2024

Entry Form

Name: (1) _____

Tel No. _____

Email: _____

Club: _____

Handicap Index: _____ CDH Number _____

Special Dietary Requirements: _____

Entry Fee: £35 payable via Bank Transfer or by contacting the Professional Shop on 01277 843027. Price includes a one course lunch, menu TBC.

Data: by completing and returning this form, players are giving their consent to Crondon Park Golf Club using the data given for the purpose of running this event and similar events in the future. Please complete all details on this form (Entry + Parent Consent Form) and return by email to:

David Laffar (Director of Golf) - David@crondon.com

Please return this form together with your entry fee of £35 to:-

david@crondon.com | Tel: 01277 843027

BACS Details: Golf Leisure Limited, Sort Code: 30-90-80, Account: 36827260

Please Tick this box if you would like the club to send you details of future Competitions or Events



Crondon Park Golf Club

Junior Open - Thursday 25th July 2024

Consent Form:

Name: _____

Name of Parent/Guardian _____

Email of Parent/Guardian _____

Emergency Contact Name _____

Telephone Number: _____

Medical details I consent to my child receiving medical treatment which in the opinion of a qualified Medical Practitioner may be necessary

NHS Number _____ Doctor _____

Phone Number _____

Please state below if your child is suffering from a medical condition or is taking regular medication which will affect their participation in events organised by Crondon Park Golf Club. Details of medication should include dosages and frequency of use. Please state any specific dietary requirements that we should be aware of. Use of Photographs. I consent to Crondon Park Golf Club photographing my child under the stated rules and regulations.

Please complete and return with entry form. It is important that we can contact you in the event of an emergency. The Information given will be held in confidence by Crondon Park Golf Club.

Signature of Parent/Guardian _____

Date: _____

