



SHOOTERS HILL
GOLF CLUB

Shooters Hill GC Junior Open

Tuesday, 2nd August 2022

The competition is open to both boys and girls and will be an 18 hole medal round.

PRIZES

The John Harrold Scratch Salver

(lowest gross score / prizes awarded for top 3 places)

The Barry Barclay Handicap Salver

(lowest nett score / prizes awarded for top 3 places)

The Directors' Cup [Pairs Event]

(lowest aggregate nett score / prizes awarded for top 2 places)

Nearest the Pin on 11th Hole [in one stroke]

A competitor may only win one individual main prize

ENTRANCE FEE: £12.50 (to include lunch, refreshment at 11th hole)

Please pay by bank transfer: SORT CODE: 20-98-57 ACCOUNT NO: 90813206

Please use child's surname and Jnr Open as the reference

Entries to be received no later than Friday 8th July 2022

Age Limit - Under 18 years of age on 1st January 2022

Maximum of 48 participants. If this limit is reached prior to the closing date applicants will be placed on a waiting list.

Countback will apply in event of a tie.

CDH number must be provided on the attached entry form.

No caddies are allowed at any stage of the competition.

The draw will be posted on the Club's website: www.shgc.co.uk

**REFUNDS OF ENTRY FEE WILL NOT BE MADE FOR CANCELLATIONS
AFTER THE ENTRY CLOSING DATE**

Please adhere to the dress code:

The up to date code is available on the club's website.

JUNIOR ENTRY FORM & JUNIOR PARENTAL CONSENT

(BLOCK LETTERS PLEASE)

NAME OF CHILD:..... DATE OF BIRTH:

ADDRESS:.....

TELEPHONE NO:.....

EMERGENCY CONTACT NAME & NUMBER:.....

HOME CLUB:.....

HANDICAP INDEX:..... CDH LIFETIME I.D. NO:

Please advise below of any medical condition which the Junior Open Organisers may need to be aware of in the event of any medical emergency as well as any medication currently being taken.

ANY SPECIAL DIETARY REQUIREMENT?

I, being the parent/guardian of the above named child hereby give permission for the Junior Organiser, PGA Professional or Club Official to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

USE OF VIDEO/PHOTOGRAPHY

***I DO/DO NOT* consent to my child being videoed/photographed in connection with this event. I understand photographs will only be used for publicity [*Please delete as appropriate*].**

SIGNED:NAME:.....DATE:

PLEASE SEND ENTRIES TO:

Mr Michael Harrold
Youth Director
Shooters Hill Golf Club
Eaglesfield Road
London
SE18 3DA

OR EMAIL: admin@shgc.co.uk

ENTRY FORM AND PAYMENT MUST BE RECEIVED NO LATER THAN 8TH JULY 2022