

THE LINKS GOLF CLUB (NEWMARKET) LIMITED

JUNIOR OPEN

MONDAY 8th APRIL 2024

Open to all Junior Golfers (Boys & Girls)

Entrants must be under 18 years as at 1st January 2024

18 HOLE MEDAL – 0-54 Hcp – TEE OFF from 9am

CUPS

Scratch Cup
Handicap Cup 0-21 Hcp
Handicap Cup 22-54 Hcp
Team Cup

PRIZES

1st, 2nd, 3rd Scratch & Handicap
Best Team of 4, 3 Handicap scores to count
Longest Drive
Nearest the Pin

Entry Fee £23.00
(includes meal)

PARENTS / CADDIES / BALL SPOTTERS ARE NOT PERMITTED ON THE COURSE

ENTRIES CLOSE MONDAY 25th MARCH 2024

Return your Entry Form and Parent Consent Form, to:

***The Manager, Links Golf Club (Newmarket) Limited, Cambridge Road,
Newmarket, Suffolk CB8 0TG
Telephone: 01638 663000***

Email: ***office@linksgolfclub.co.uk***

LINKS GOLF CLUB (NEWMARKET) LIMITED

JUNIOR OPEN ENTRY FORM

MONDAY 8th APRIL 2024

NAME.....

DATE OF BIRTH AGE (at 1/1/2024).

ADDRESS.....

.....

EMAIL

POSTCODE.....TEL.

GOLF CLUB.....

CDH NUMBER:

If you wish to be part of a team, please advise team names on the day (at registration).	My Handicap:
	Meal Option: Please tick preference
	Burger & Chips <input type="checkbox"/>
	or
	Ham, Egg & Chips <input type="checkbox"/>

*Payable by Bank Transfer, to 'Links Golf Club (Newmarket) Limited'
Sort Code: 20-45-77 Account Number: 30640263*

PARENTS / CADDIES / BALL SPOTTERS ARE NOT PERMITTED ON THE COURSE

Return your completed entry form to:

**The Manager, Links Golf Club (Newmarket) Limited,
Cambridge Road, Newmarket, Suffolk CB8 0TG**
Telephone: 01638 663000 office@linksgolfclub.co.uk

ENTRIES CLOSE MONDAY 25th MARCH 2024

*****REMEMBER TO INCLUDE*****

Entry Form

☐

Parent Consent Form

☐

Bank Transfer

☐

LINKS GOLF CLUB (NEWMARKET) LIMITED

PARENT CONSENT FORM

The safety and welfare of boys and girls in our care is paramount. For that reason it is important that the Links Golf Club (Newmarket) Limited is 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 please, therefore, complete the following sections. The Links Golf Club will hold the information given in strict confidence and you are asked to ensure that any changes are notified at once using the contact information at the foot of the page.

NAME OF JUNIOR.

DATE OF BIRTH.

MAIN ADDRESS.

.....

POSTCODE

CONTACT 1

CONTACT 2

NAME OF PARENT OR GUARDIAN.

TEL. (HOME).

TEL. (WORK).....

TEL. (MOBILE).

EMAIL:

MEDICAL DETAILS

I consent to my son / daughter receiving medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

His / Her NHS Number is..and His / Her Registered Practitioner is:

NAME TEL.

SURGERY ADDRESS.

Please state below if your son / daughter is suffering from any medical conditions, has any allergies, or is taking regular medicine which will affect his / her participation in events organised by the Links Golf Club. Details of medication should include dosages, frequency of use and where it would normally be kept (e.g. Golf Bag). Please indicate if there are any special dietary needs of which we should be aware or of any other circumstances which may relate to the care of your son / daughter.

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...Continue overleaf if required

PHOTOGRAPHY

As part of our responsibility to safeguard the welfare of competitors, permission is sought from parents or guardians for photographs, which may be used in a publication (Junior Newsletter, Local Newspaper, etc.) or may be shown in a public place (Club Noticeboard or Club Website). If you **do not** wish such images to be used please indicate in the space above and every effort will be made to comply with your preference.

SIGNATURE OF PARENT / GUARDIAN. DATE.