

# BURHILL JUNIOR OPEN

- Surrey Junior Order of Merit Counting

Monday 7th April 2025

18 Holes – New Course – Two Tee Start (1<sup>st</sup> & 10<sup>th</sup> hole)



BURHILL

## Player Details (Please complete the following in BLOCK CAPITALS)

Title		First Name		Surname	
Address				Postcode	
Contact Telephone Number					
Email Address					
Home Golf Club					
Exact Handicap					
CDH Number					

## Prizes

There will be Winner and Runner Up prizes for the Overall Scratch and Handicap Scores.  
No competitor may win more than one prize. No competitor will win more than one prize.

## Terms & Conditions

1. The competition will be played over 18 holes stroke play, in accordance with the Rules of Golf and Local Rules of the Club. The round will be qualifying for Handicap Purposes. The decision of the Competition Committee will be final.
2. The competition is open to male and female amateur golfers who are members of an EGU affiliated golf club with a current WHS handicap not exceeding **18.8 boys 25.0 girls** (at entry time). Handicap Certificates **must** be presented.
3. Competitors must be no older than 17 on the 31st December 2024.
4. Entries will be limited to 72 players. In the event of this limit being exceeded handicaps may be taken into account and a reserve list created. **Entries close on Monday 24th March.** No refunds will be given after the draw has been made. The committee reserves the right to accept or refuse any entry without assigning a reason.
5. All the information above and on the consent form must be completed in order to properly process your entry. No refunds will be given after the draw has been made. The committee reserves the right to accept or refuse any entry without assigning a reason.
6. In the event of a tie, scores will be calculated on countback.
7. The entry fee of **£45.00** per member & **£55.00** per visitor includes 18 holes on the New Course, followed by lunch and prize giving.
8. The draw will be made on the **Monday 31st March** and a copy will be sent to each player as soon as possible.
9. Competitors are informed that golf attire is in order all day including the presentation.
10. Caddies will not be permitted, nor may advice be given during the course of play.

## Declaration

I declare that the above information is correct, and I have paid the entrance fee of **£45.00 or £55.00** payable via BACS transfer or phone, as well as being eligible under the conditions of the competition and having the exact handicap as listed above under current CONGU or LGU handicapping schemes.

SIGNED PARENT:

SIGNED PLAYER:

COMPLETED ENTRY FORM SHOULD BE SENT TO:

**Junior Open**, Burhill Golf Club, Burwood Road,  
Walton-On-Thames, Surrey, KT12 4BL

Contact the Pro Shop for details: 01932 227345 /  
d.wood@burhillgolf-club.co.uk

# BURHILL JUNIOR OPEN – Consent Form

Monday 7th April 2025



**BURHILL**

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

**LIABILITY** - Full responsibility lies with the Parent/Guardian of their Child throughout the day whilst playing at Burhill Golf Club. The Organiser has undertaken DBS checks.

Health & Safety Legislation Consent Form (juniors). Completed by parent / guardian. Please print clearly

JUNIORS DETAILS	CLUB:
FULL NAME:	HOME TEL NO:
ADDRESS:	MOBILE:
	D.O.B:
E-MAIL:	N.H.S NO:

Please indicate who should be contacted in case of an emergency

PERSON 1:	RELATIONSHIP:
MOBILE:	
PERSON 2:	RELATIONSHIP:
MOBILE:	

Does he/she have any special medical problems? Please provide details of any medication used.

CONDITION	YES/NO	MEDICATION
DIABETES		
EPILEPSY		
MIGRAINE		
ASTHMA		
HAY FEVER		
Sensitivity to insect bites/stings		
Allergic to foods i.e. nuts/seafood? – Please specify		
Allergic to penicillin or any other medicine. State substitute		
Currently receiving any medical treatment? Please specify		
Indicate any other medical conditions or problems we should beware of		

DOCTOR:	Tel no:
ADDRESS:	

I consent to my son/daughter taking part in the golfing activities under the auspices of Burhill Golf Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorize BGC or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any eventuality every attempt will be made to contact you).

Unless this box is ticked, I permit photographs or videos of my child to be taken for social media and news release purposes by Burhill Golf Club.

Parent/Guardian name (capitals please)	
Signature:	Date: