



OLTON GOLF CLUB

Est. 1893



## OLTON JUNIOR OPENS

Thursday 22<sup>nd</sup> July 2021

Qualifier for the Daily Telegraph  
Tournament  
Warwickshire Boys & Girls  
Junior Orders of merit



### Boys – 36 Hole Medal

Playing Handicap Limit 28  
Entry Fee £20  
(Including Lunch)

#### Olton Boys Salver

Best Gross over 36 holes

#### Olton Boys Cup

Best Nett over 36 holes

2<sup>nd</sup> & 3<sup>rd</sup> Prizes in Both Categories  
Prizes for Best Gross and Nett over  
1<sup>st</sup> 18 Holes and 2<sup>nd</sup> 18 Holes

In the event of a tie for best gross  
there will be a 3-hole play-off

### Girls – 18 Hole Medal

Playing Handicap Limit 36  
Entry Fee £10

(Food Available at Additional Cost)

#### Trophy for Best Gross

#### Trophy for Best Nett

Prizes in both categories

Prize for Best Nett 14yrs & under  
Prize for Best Nett 15yrs & over  
(Age as at Date of Competition)

Players must be under 18 on 1<sup>st</sup> January 2021

Application forms available on

[Olton Junior Boys Open | Olton Golf Club](#)

[Olton Junior Girls Open | Olton Golf Club](#)

A Parent/Guardian Form will still need to be emailed even if booking On-Line

**CLOSING DATE: Friday 16<sup>th</sup> July 2021**

# OLTON JUNIOR BOYS OPEN - Thursday 22<sup>nd</sup> July 2021

**36-hole Medal Competition - £20 (Lunch Included) Playing Handicap Limit 28**

**Qualifier for the Daily Telegraph Tournament and Warwickshire Boys Junior Order of Merit**

**Olton Boys Salver** - Best Gross over 36 Holes & Voucher  
**Olton Boys Cup** - Best Net over 36 Holes & Voucher  
 Prizes for 2<sup>nd</sup> and 3<sup>rd</sup> Place in Both Categories  
 Prizes for Best Gross and Nett over 1<sup>st</sup> 18 holes and 2<sup>nd</sup> 18 holes

**No entry accepted without CDH Number**  
**Closing date for entries - Friday 16th July 2021**

Please return this form with a cheque made payable to **Olton Golf Club Ltd** to Ms Christina Barns-Graham  
 Olton Golf Club, Mirfield Road, Solihull B91 1JH Tel: 0121 704 1936 Email: [assistantsecretary@oltongolfclub.co.uk](mailto:assistantsecretary@oltongolfclub.co.uk)

Start sheet will be posted on our website [Olton Junior Boys Open | Olton Golf Club](#)

**CAPITAL LETTERS PLEASE**

**£20 Entry Fee enclosed / Booked On-Line**

Name .....

CDH number .....

Address .....

Tel No .....

.....

Mobile .....

.....

DOB ..... Club .....

Email .....

Handicap .....

**PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING AS NECESSARY & EMAILED EVEN IF BOOKED ON-LINE**

**EITHER**

I can confirm that I will be staying with my child for the whole duration of this competition and therefore the content of this form is not applicable.

FULL Name of Child: ..... Signed: ..... Date:.....  
 Parent/Guardian

**OR**

I cannot confirm that I shall be staying with my child for the whole duration of this competition and provide the following information. I understand that it will be retained **IN CONFIDENCE** and destroyed after the event.

1. **MEDICAL CONDITIONS, ETC** Please indicate below, in confidence, any health-related matters, including any **medical condition or illness, allergies or injuries**, which you think it is best we know about, including details of any **prescribed medicine** and dosage.

2. **CONTACT DETAILS** If, for any reason, you intend to leave your child at Olton Golf Club whilst he/she is competing in the Olton Junior Open, please provide the following emergency contact details:

Surname of Parent/Guardian: .....

Forename: .....

Home Tel: .....

Mobile Tel: .....

3. **CONSENT** By signing this form I hereby confirm the following: -

- I am the adult responsible for the child named on this form.
- I acknowledge that Olton Golf Club is not responsible for providing adult supervision for my child except for the period of time whilst they are on the course taking part in the Olton Junior Open competition.
- I, being the parent or legal guardian of the child named on this form, hereby give permission for the event organiser or other responsible person from Olton Golf Club to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities where medical opinion is that it would be contrary to my child's interest for any delay to be incurred by seeking my personal consent.

FULL Name of Child:..... Signed: ..... Date:.....  
 Parent/Guardian