

MANOR MASTERS BRAMSHAW JUNIOR OPEN

MONDAY, 24TH OCTOBER 2022

The 2022 Bramshaw Junior Open will be held in the October half-term and will be played over 18 holes on the Manor Course.

Competitors will play medal from the White/Red tees for the:

- Lowest Gross score (Manor Masters Scratch Cup)
- Lowest Net score (Manor Masters Handicap Cup)

Players will also compete for divisional, nearest the pin and straightest drive nearest prizes (successful players will be restricted to one prize only – except for spot prizes).

If entering three named golfers from the same golf club you will also be eligible for the **Junior Masters Team Competition**. If entering as part of a team, please enter the other players' names in your application form overleaf. (**Note:** you may win individual and team prizes).

ENTRANCE FEE: £20.00 to include meal & drink/individual and team prizes (Non Refundable)

HANDICAP LIMITS Boys – 28, Girls – 36 (Handicap Index)

AGE LIMITS: Under 18 on 1st January 2022

Entries will close: Monday 17th October 2022

To enter:

A) Please complete the **online sign-up** by visiting bgc-juniormanormasters.golfgenius.com

B) Please complete the attached form, scan and return it to golf@bramshaw.co.uk for parental consent

Any queries please contact the golf hub on 02380 813433 or via email: golf@bramshaw.co.uk

Bramshaw Manor Masters Monday, 24TH October 2022

NAME:	
ADDRESS:	
TEL.NO:	DATE OF BIRTH:
EMAIL ADDRESS	
CLUB:	HANDICAP: CDH No:
If entering a team	please enter other Players' names below:
1	
PAYMENT OPTIO	NS:
Please make paym	nent via Golf Genius upon player entry
PARENT CONSE	NT FORM
dietary needs. It is Please, therefore, confidence and yo	interest that you make us aware of any illness, medical condition or special also important that we are able to contact you in the event of an emergency. complete the following sections. The information given will be held in a are asked to ensure that any changes are notified at once. Please note; all and under must be accompanied by a parent/guardian at all times.
Name of Parent/G	uardian:
Contact Numbers:	HOME: WORK:
	MOBILE:
Medical Details:	
I consent to my son/daughter receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary. Please state below if your son/daughter is suffering from a medical condition, or is taking regular medication which will affect his/her participation in events run by Bramshaw. Details of medication should include dosages and frequency of use. Please indicate if there are any special circumstances which may relate to our care of your son/daughter.	
Signature of Paren	t/Guardian:Date:
Photography:	
	os of the event to use in our marketing materials and to publicise results, if you ir child to be shown in these photos please tick the box to opt out:
I do not wis	h for my son/daughter to be in any publicity photos.