



# HILLS WILTSHIRE JUNIOR GOLF CHAMPIONSHIP 2014

A Wiltshire Junior Order of Merit event

Ogbourne Downs Golf Club  
Thursday 28 August 2014

Entry forms available from  
your local golf club or:  
Monique Hayes, The Hills Group  
Tel: 01793 714978  
monique.hayes@hills-group.co.uk

18 hole  
Medal competition  
with age-group prizes

Short course  
Competition for 10 & under  
with age-group prizes

Cups & prizes  
to the value of £750



Daily Telegraph Qualifier





# HILLS WILTSHIRE JUNIOR GOLF CHAMPIONSHIP 2014

Thursday 28 August 2014

Name: .....

Address: .....

..... Postcode: .....

Tel: .....

Email: .....

Club: .....

Handicap: ..... Date of birth: .....

I wish to enter for:

a) The 18 hole medal (£5.00 entry fee)

b) Short course competition (10 & under - no fee)

N.B. Girls will receive 2 adjustment strokes on the 18 hole medal course.

All competitors in the short course competition to be supervised by a parent/guardian during their round

\* I enclose my entry fee of £5.00 (18 hole medal only)

All competitors will be provided with a light lunch.

Signed .....

**Please remember to sign the consent form and photo permission form on the reverse and return this form by Wednesday 13 August 2014 to:**

Monique Hayes  
The Hills Group Limited  
Wiltshire House  
County Park Business Centre  
Shrivenham Road  
Swindon SN1 2NR

\*Cheques payable to 'The Hills Group Limited'

## Daily Telegraph Qualifier





# PARENTAL CONSENT FORM

Wiltshire County Golf Union (WCGU) and Wiltshire Ladies Golf Association (WLCGA) are dedicated to the welfare of children in the sport of golf at all times. Children within squads and at competitions will be in the custody and care of voluntary persons registered with WCGU/WLCGA. It is therefore necessary to have the written consent of the Parent or Guardian to entrust the welfare and discipline of their child to the nominated volunteers.

Name of Child/Young Person -----

First Line of Address -----

Post Code -----

Date of Birth -----

### MEDICAL INFORMATION

Doctors Name -----

Doctors Address -----

NHS Number -----

Please advise us of any medical conditions or allergies of which we should be aware.

Allergy / Condition	Prescribed Medication	Comment

Additional Information -----  
-----

I authorise the Wiltshire County Golf Union/Wiltshire Ladies County Golf Association to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre where necessary.

I hereby consent to my child being placed in the care and custody of suitably qualified persons nominated by WCGU / WLCGA whilst participating in golfing activities and, where applicable, in transporting to and from such events. I further consent to photographic records being taken by an accredited person, to establish historic records of events.

SIGNATURE of ----- Date -----  
Parent or Guardian

NAME in Block Capitals -----

Contact Tel: Home ----- Work ----- Mobile -----

Email -----