



MANOR of GROVES

High Wych, Sawbridgeworth, Hertfordshire CM21 0JU Tel: 0870 410 8833 Fax: 0870 416 8833
Web: www.manorofgroves.com Email: info@manorofgroves.co.uk

Registered in England No. 3210984

MIXED JUNIOR OPEN

**OPEN TO JUNIOR GOLFERS (BOYS & GIRLS) OF
18 YEARS OF AGE AND UNDER ON 1st JANUARY 2024**

SATURDAY 12th October 2024

**18 HOLE HANDICAP MEDAL (95% playing allowance)
MAXIMUM HANDICAP ALLOWANCE: 36 (CDH number required)**

TEE TIMES FROM approx. 9.30am. WILL BE NOTIFIED BY EMAIL

ENTRY FEE £28 PER COMPETITOR

MEALS AND PRIZES INCLUDED

PRIZES FOR BOTH GROSS AND HANDICAP

CLOSING DATE FOR ENTRIES SATURDAY 5th October 2024

NOTE: FOR SATNAV ENTER CM21 0JL



ENTRY FORM

NOTE THAT THE ATTACHED PARENTAL CONSENT FORMS MUST ALSO BE COMPLETED

MANOR OF GROVES GOLF CLUB MIXED JUNIOR OPEN SATURDAY 12th October 2024

18 HOLE HANDICAP MEDAL

ENTRY FEE £28 PER PLAYER

DETAILS OF COMPETITOR

NAME:	HANDICAP:
ADDRESS:	HOME TEL. NO:
	MOBILE:
	EMAIL:
POSTCODE:	
CLUB:	CDH NUMBER:

PARENT/GUARDIAN NAME:	HOME TEL. NO:
ADDRESS:	MOBILE:
	EMAIL:

SIGNATURE OF PARENT/GUARDIAN:

TO BE COMPLETED BY THE SECRETARY OF THE PLAYERS HOME CLUB

I confirm that the above player is a member of this golf club and has a WHS handicap index

SIGNED: SECRETARY/MANAGER

DATE:

PLEASE SEND ENTRY FORM TO:

MR BEN GOODEY, MANOR OF GROVES GOLF CLUB, HIGH WYCH, SAWBRIDGEWORTH, HERTS, CM21 0JU.

Email ben@bengoodeygolf.co.uk for BACS details.



MANOR *of* GROVES

High Wych, Sawbridgeworth, Hertfordshire CM21 0JU Tel: 0870 410 8833 Fax: 0870 416 8833

Web: www.manorofgroves.com Email: info@manorofgroves.co.uk

Registered in England No. 3210984

MIXED JUNIOR OPEN **(HERTS BOYS ORDER OF MERIT QUALIFIER)**

COMPETITION RULES

18 HOLE HANDICAP MEDAL (CADDIES NOT ALLOWED)

Entries to be sent to:

Ben Goodey, Junior Organiser, Manor of Groves Golf Club, High Wych, Sawbridgeworth,
Herts. CM21 0JU
ben@bengoodeygolf.co.uk

1. This competition is open to junior golfers (Boys and Girls) under the age of 18 years on the 1st January 2024.
2. The competition will be played under the Rules of Golf as administered by the Royal & Ancient Golf Club of St Andrews, in conjunction with the Local Rules of Manor of Groves Golf Club.
3. Maximum handicap allowance: **36**
4. Handicap Allowance: **95%**; Handicap certificates may be requested.
5. Tee times: From **9.30**, **Boys: White Tees Girls: Red Tees.**
6. Start Sheets will be sent by email up to **7 days before the competition.**
7. Distance measuring devices are permitted if they measure distance only. R & A Rule 14-3 applies.
8. Entry is limited to 52 competitors. Manor of Groves Golf Club members **are** permitted to enter.
9. **Closing date for entries will be Saturday 5th October 2024.**
10. **Entry fee: £28 per competitor** which includes meal and prizes. All entry forms must be accompanied by the entry fee and **Parental Consent Forms** (attached).
11. The number of prizes and their value will be dictated by the number of entrants, but as a minimum there will be prizes for 1st, 2nd gross and 1st, 2nd handicap.
12. No competitor may win more than one prize.
13. All ties will be decided by card count back (best back 9, 6, 3, 1).
14. The decisions of Manor of Groves Golf Club Competition Committee will be final.



MANOR *of* GROVES

High Wych, Sawbridgeworth, Hertfordshire CM21 0JU Tel: 0870 410 8833 Fax: 0870 416 8833

Web: www.manorofgroves.com Email: info@manorofgroves.co.uk

Registered in England No. 3210984

PARENTAL CONSENT FORMS

JUNIOR PLAYER PROFILE

The safety and welfare of juniors whilst at Manor of Groves Golf Club 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. It is the responsibility of the junior and their parent/guardian to notify the Junior Organiser or Club Manager if any details change at any time.

DETAILS OF COMPETITOR

NAME:	DATE OF BIRTH:
ADDRESS:	
POSTCODE:	HOME TEL. NO:

PARENT/GUARDIAN NAME:	
ADDRESS (If different from above)	HOME TEL. NO:
	MOBILE:
	WORK TEL. NO:
SIGNATURE OF PARENT/GUARDIAN:	

EMERGENCY CONTACTS

CONTACT 1	CONTACT 2
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
HOME TEL. NO:	HOME TEL. NO:
MOBILE:	MOBILE:
WORK TEL. NO:	WORK TEL. NO:



MANOR *of* GROVES

High Wych, Sawbridgeworth, Hertfordshire CM21 0JU Tel: 0870 410 8833 Fax: 0870 416 8833

Web: www.manorofgroves.com Email: info@manorofgroves.co.uk

Registered in England No. 3210984

PERMISSION FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

This form is to be signed by the legal guardian of a child under the age of 18, together with the child.

Manor of Groves Golf Club recognises the need to ensure the welfare and safety of children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken or used without your consent. Manor of Groves Golf Club will take steps to ensure that all consented images are used solely for the purposes of which they are intended i.e. the promotion and celebration of the activities of Manor of Groves Golf Club.

If you become aware that these images are being used inappropriately you should inform the Golf Club's Manager immediately.

Images may be available on the Club's web-site: <https://www.manorofgrovesgolf.co.uk>

If at any time the parent/guardian or the child wishes the data to be removed from the web-site, 7 days' notice must be given to the Club's Manager after which the data will be removed.

PARENTAL AND CHILDREN PERMISSION FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

To be completed by the parent/guardian

I, _____ consent to the photographing or videoing of
_____ (name of child) under the stated rules and conditions and confirm
that I have a legal parental responsibility for this child and am entitled to give this consent.

Signature: _____ **Date:** _____

To be completed by the child

I, _____ consent to the photographing and videoing of my involvement
in golf under the stated conditions.

Signature: _____ **Date:** _____