

# Entry form for Suffolk Junior Foursomes Championship 2010

Ipswich Golf Club

Wednesday, 27th October 2010.

Please complete a sheet for each player when sending in your entry

Player		Contact details	
Surname		Name of parent, guardian or relative we can contact in an emergency	
First Name			
Address			
		Their status	
		Their Telephone number	(Home)
		in case of emergency	(Mobile)
Post Code		Players Blood Group (if known)_	
Tele No:		Player's medical practitioner	
Date of Birth		GP's Tele No	
Club		Please indicate opposite any illness, ailment, allergy which	
Handicap			
<b>In the interests of the player you are recommended to complete the details opposite Information will remain confidential unless required by a County official or medical practitioner in the event of an emergency</b>		The Suffolk Golf Union should be aware of if medical treatment should be necessary.	
		In the event that a medical practitioner should consider treatment necessary, I hereby give my consent for such treatment to be rendered	Name
			Status
			Signature
			Date

A handicap certificate must be produced on the day

**Entries close on Friday 15th October 2010.**

Please send this form with the entry fee of £15 per pair

Cheques should be made payable to **Suffolk Golf Union.**

**Your entry forms (2), together with the appropriate entry fee should be sent to:**

**The Championship Secretary, Foxten House, Summer Lane, Bromeswell, Woodbridge, IP12 2QA**

The County may wish to take photographs of competitors which may be stored on a computer or published in the County magazine or regional press.

Please tick the box on the left if you do not wish photographs of your child to be taken