



**JUNIOR OPEN MEETING FOR  
DAILY TELEGRAPH TROPHY AND LUSHINGTON CUP  
WEDNESDAY 1<sup>st</sup> AUGUST 2012**

The 2012 Liphook Junior Open Competition for the Lushington Cup will again be run in conjunction with the Daily Telegraph Trophy. The AM Scratch Medal will count as a qualifier for the Hampshire Golf Union Junior Tour/Order of Merit.

**DAILY TELEGRAPH TROPHY**  
(Separate competition for boys  
and girls (Minimum No of Girls 2))

18 Holes Scratch Medal - AM

**LUSHINGTON CUP**

18 Holes Handicap Stableford - PM

**ENTRANCE FEE**  
(Non Refundable)

£27.00 to include Lunch and High Tea

**HANDICAP LIMITS**

Boys - 28

Girls - 36

**AGE LIMIT**

Under 18 on 1<sup>st</sup> January 2012  
(Daily Telegraph Trophy & Lushington Cup)

**ENTRIES WILL CLOSE ON 11<sup>th</sup> JULY 2012  
IF OVER SUBSCRIBED, HIGHER HANDICAPS WILL BE BALLOTTED OUT**

**DAILY TELEGRAPH TROPHY AND LUSHINGTON CUP  
WEDNESDAY 1<sup>st</sup> AUGUST 2012**

NAME.....

ADDRESS .....

.....

TEL. NO. .... DATE OF BIRTH .....

EMAIL ADDRESS.....

CLUB .....HANDICAP.....CDH LIFETIME ID.....

SIGNATURE OF CLUB SECRETARY (CERTIFY H/CAP) .....

**ENCLOSURES: Cheque for £27.00 made payable to Liphook Golf Club  
PLEASE ENCLOSE S.A.E FOR STARTING SHEET AND CONDITIONS**

---

**PARENT CONSENT FORM**

In your child's interests it is important that we are aware if he or she suffers from any illness or medical condition, or has any special dietary needs. It is also important that we are able to contact you in the event of an emergency.

Could you therefore please complete the following sections. The information given will be held in confidence and you are asked to ensure that any changes are notified at once.

Name of Parent/Guardian .....

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 event organised by Liphook Golf Club.

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.

.....  
.....  
.....

There may also be occasions when, to record a victory or significant event a photograph may be taken of your son/daughter for recording or publicity purposes. Liphook Golf Club will ensure that the photographs are only used for the intended purpose.

Signature of Parent/Guardian .....

Date .....