



CRONDON PARK
GOLF CLUB

CRONDON PARK
JUNIOR OPEN

26
TUE / AUG / 2025

Entry Fee - £40 per player, Includes Lunch
18 hole Gross Medal & Stableford Event (Nett)

All players must be under 18 on 1st January 2025 and have a
competition CDH number

Handicap Index Limits

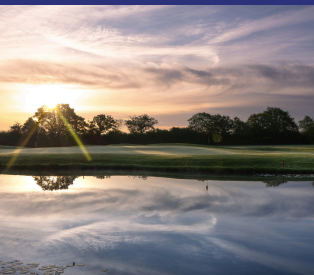
Boys 28 - Girls 36
85% Handicap Allowance

Format of the Day:

Registration from 9:30am, 18 holes, One course meal and prize presentation

**Prizes for Individual prize gross - boy and girl, Nett Prize - boy and girl
and nearest the pins and longest drive - boy and girl*

CLOSING DATE FOR ENTRIES: 19th August 2025





CRONDON PARK

GOLF CLUB

Crondon Park Golf Club

Junior Open - Tuesday 26th August 2025

Entry Form

Name: _____

Tel No. _____

Email: _____

Club: _____

Handicap Index: _____ CDH Number _____

Special Dietary Requirements: _____

Please select which competition you wish to play in: Handicap ☐ Scratch (Handicap limit - 12) ☐

Entry Fee: £40 payable via Bank Transfer. Price includes a one course lunch, menu TBC.

Data: By completing and returning this form, players are giving their consent to Crondon Park Golf Club using the data given for the purpose of running this event and similar events in the future. Please complete all details on this form (Entry + Parent Consent Form) and return by email to:

Hannah Wakefield - Golf Operations Assistant - Hannah@crondon.com

Please return this form together with your entry fee of £40 to:-

hannah@crondon.com | Tel: 01277 843027

BACS Details: Golf Leisure Limited, Sort Code: 30-90-80, Account: 36827260

☐ Please Tick this box if you would like the club to send you details of future Competitions or Events



C R O N D O N P A R K
G O L F C L U B

Crondon Park Golf Club
Junior Open - Tuesday 26th August 2025

Consent Form:

Name: _____

Name of Parent/Guardian _____

Email of Parent/Guardian _____

Emergency Contact Name _____

Telephone Number: _____

Medical details: I consent to my child receiving medical treatment which in the opinion of a qualified Medical Practitioner may be necessary

NHS Number _____ Doctor _____

Phone Number _____

Please state below if your child is suffering from a medical condition or is taking regular medication which will affect their participation in events organised by Crondon Park Golf Club. Details of medication should include dosages and frequency of use. Please state any specific dietary requirements that we should be aware of.

Use of Photographs: I consent to Crondon Park Golf Club photographing my child under the stated rules and regulations.

Please complete and return with entry form. It is important that we can contact you in the event of an emergency. The Information given will be held in confidence by Crondon Park Golf Club.

Signature of Parent/Guardian _____

Date: _____