

Buckingham



Golf Club  
Est. 1914

Tingewick Road, Buckingham, MK18 4AE

Email: office@buckinghamgolfclub.co.uk, Website: buckinghamgolfclub.co.uk, Telephone 01280 815566

**BUCKINGHAM GOLF CLUB JUNIOR OPEN - THE MARKHAM CUP  
(Daily Telegraph Qualifier)**

**18 HOLES MEDAL & STABLEFORD COMPETITION  
THURSDAY 15<sup>TH</sup> AUGUST 2024**

**Prizes: Best Gross 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> - Best Stableford 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>** (no Junior may win more than one prize)  
Ties to be decided on the last 9, 6, 3 or 1 hole(s) on the scorecard  
If the competition is over-subscribed, there will be a ballot  
No caddies - parents are permitted to walk the course

**Entry Fee £25, which includes a meal afterwards.**

**Tee times from 1000 hrs (Times confirmed by email by Tuesday 13th August)**

**Closing date for entries is Thursday 1st August 2024**

JUNIOR NAME:.....		DOB:..... (must be under eighteen years of age on 1 January 2024)
Home Club:.....	CDH number: .....	Handicap Index: .....

Parental Contact Name & Address: .....	
.....	Post Code: .....
Telephone (Home): .....	Telephone (Mobile): .....
Email: .....	

Medical Condition or Allergies: .....
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Please return the entry form together with a cheque for the entry fee (payable to Buckingham Golf Club)

**OR** email the entry form and pay by BACS quoting Ref "JO24 +Surname"

Account Name: Buckingham Golf Club - Sort Code: 20-57-44 Account No: 73270254

**Parental Consent: Please tick which is applicable and sign.**

I agree that photographs can be taken during the event and that these photographs can be used in a publication or shown in a public place

I give my permission for my son/daughter to take part in the Buckingham Golf Club Junior Open.

I consent to my son/daughter receiving essential medical attention by a qualified medical practitioner.

Signature: \_\_\_\_\_ (Parent/Guardian – delete as appropriate) Date: \_\_/\_\_/2024