



Central West District Golf Association Junior Camp & Tournament – 8 to 10 October 2008

During the Term 3 school holidays the Central West District Golf Association will be conducting a Junior Development Camp and Tournament in Orange at Wentworth Golf Club.

Coaching will be provided by PGA Professionals

The cost of the camp is \$50.00

This includes:

- ⚡ Professional tuition.
- ⚡ Tournament entry fee.
- ⚡ All lunches.
- ⚡ Entertainment and pizza on Thursday evening.

Details

- ⚡ Age requirements – minimum age of participants is 11 years of age to 17 years of age as of 8 October 2008.
- ⚡ Juniors will be placed into groups based on a combination of ability and age.
- ⚡ Information on entry forms will supply the organisers with details for the makeup of groups. These groups may change during the camp.
- ⚡ Groups will be limited to 10 participants per group.

Structure

- ⚡ Wednesday - Juniors to assemble at Wentworth Golf Club at 10.00 am for camp introduction.
 - The clinics will commence after the initial meeting with professionals.
 - Lunch will be served at 12.30 pm each day.
- ⚡ Thursday clinic to start at 10.00 am and will conclude at 4.00 pm.
 - Rules quiz, putting competition and pizza at Duntryleague at 6.00pm. Pickup juniors at 8.30 pm.
- ⚡ Friday – tournament day at Wentworth Golf Course.
 - 8.00 am tee off. Early tee off times will be given to participants that need to travel.

Entries close on Friday 3 October

- ⚡ Complete the entry form along with a cheque (make payable to CWDGA for \$50.00) and return by post to:

Darron Snare
CWDGA Junior Development Officer
1 Hillcrest Avenue
Orange NSW 2800
Email: dsnare@jschs.nsw.edu.au

0412 055 328 (m)

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Entry forms can be downloaded from the CWDGA Website <http://www.cwdga.com.au/>



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Entry Form

Name

Golf Club

AGU/Club Handicap

Date of Birth Age at 8 October 2008

Parent Contact (h) (m)

Medical Details: to be completed by parent/guardian.

Is your child allergic to any foods? Yes/No
If yes, please comment
.....
.....
.....

Is your child taking any medication at present? Yes/No
If so, please give details.
.....
.....

Does your child suffer from:

<input type="checkbox"/> Asthma?	Yes/No	
<input type="checkbox"/> Any allergic reaction?	Yes/No	Details?.....
<input type="checkbox"/> Skin conditions?	Yes/No	Details?.....
<input type="checkbox"/> Diabetes?	Yes/No	
<input type="checkbox"/> Adverse reaction to drugs?	Yes/No	Details?.....
<input type="checkbox"/> Epilepsy, fits or blackouts?	Yes/No	
<input type="checkbox"/> Other?	Yes/No	Details?.....

Is your child covered by an ambulance fund? Yes/No

In the event of an emergency, accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require.

I also undertake to pay medical expenses which may be incurred while my child is on the CWDGA Camp. I give permission for representatives from CWDGA to administer a mild analgesic (eg Panadol) in the event that my child should require it for a headache. Make cheque payable to CWDGA for \$50.00.

Parent/Guardian Signature Date

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