



DORSET COUNTY GOLF UNION



HENDERSON TROPHY

Incorporating the
The Keith Durbin Strokeplay Salver
 (Current holder Harry Shaw Canford Magna GC)
 &
The Henderson Matchplay Trophy
 (Current Holder Billy-Joe Bugden Broadstone GC)

Open to boys under the age of 18 on the 1 January, 2011 with a handicap of 12 or less certified by a Golf Club affiliated to the English Golf Union.

The Henderson Trophy is held over four rounds of stroke play at courses around the County followed by the top 16 competing in a matchplay competition to decide the winner at Dudsbury Golf Club.

Stroke Play:

- Round 1: Weymouth GC on Monday 25 October 2010
- Round 2: Dudsbury GC on Monday 20 December 2010
- Round 3: Broadstone GC on Monday 21 February 2011
- Round 4: Bridport & WD GC on Monday 11 April 2011

The match play stage will take place over Wednesday 13 and Thursday 14 April 2011.

The best three gross scores for the four rounds count the player with the lowest aggregated score for three rounds will receive the Keith Durbin Salver. The top sixteen go through to compete for the Henderson Trophy in the matchplay phase with players being seeded in accordance with their results from the strokeplay phase.

ENTRANCE FEE £25 PER PLAYER (to include a snack lunch at each venue)
Closing Date for entries Monday 18 October 2010

HENDERSON TROPHY – ENTRY FORM			
		Surname:	
Address:			
Contact Numbers:	Home:	Mobile:	
Email Address:			
Club	Handicap:	DOB:	
Central Database of Handicaps (CDH) ID No: If known.			

Please send this Entry Form with your entry fee - cheque made payable to '**Dorset County Golf Union**' to:

County Secretary
 I L Hulse 5 St James Rd, Ferndown, Dorset BH22 9NY
 Tel: 01202 861185 (H) 07815 144582 (M)
If an email address is supplied the start sheet will be sent via this media



DORSET COUNTY GOLF UNION

PARENTAL CONSENT FORM

Competitors Name: (Please Print) _____

In caring for the best interests of your son it is important the Dorset County Golf Union (DCGU) know whether he suffers from any medical condition or illness, or whether he is currently receiving medical treatment of any kind.

Please indicate below any health related matters, including injuries, details of any allergies, prescribed medicine and dosage or of any special dietary requirement which you think it is best we know about. Any information given will be treated in the strictest of confidence however please be aware that this information will be passed on to the Medical Emergency services should the need arise.

Name of Competitors Doctor: _____ Doctors Practice Tel Number _____

I,being parent/guardian of the above named child, hereby give permission for the DCGU responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

**IN THE EVENT OF ANY CHANGES TO THE ABOVE INFORMATION, PLEASE NOTIFY THE SECRETARY DCGU IMMEDIATELY:
Telephone: 01202861185 / 07815144582**

USE OF PHOTOGRAPHIC EQUIPMENT AT DORSET COUNTY GOLF UNION CHAMPIONSHIPS

This form is to be signed by the legal guardian of a child or young person under the age of 18, together with the child or young person.

- The Dorset County Golf Union (DCGU) recognises the need to ensure the welfare and safety of all young people in golf. As part of our commitment to ensure the safety of young people, we will not permit photographs, video images, or other images of young people to be taken or used without the consent of the Parents/ Carer and the young person.
- DCGU will follow the guidance contained within the Children in Golf Strategy Group Policy and Procedures (which can be viewed at www.childreningolf.org).
- DCGU will take steps to ensure that these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of the DCGU.

If you become aware that these images are being used inappropriately, you should inform the County Secretary immediately: 01202 861185

If, at any time, the Parent/ Carer or the young person wishes their image to be removed from the DCGU website, 7 days notice must be given to the Secretary DCGU, after which the image will be removed.

To be completed by the parent/ Carer:

I _____ (*full name of parent/ Carer*) consent to DCGU photographing

_____ (*name of young person*) under the stated rules and conditions and I confirm I have legal parental responsibility for this child and am entitled to give this consent. I also confirm that there are no restrictions related to taking photographs.

Signed _____ Date: _____

To be completed by the young person:

I, _____ (*name of young person*) consent to DCGU photographing my involvement in golf under the stated rules and conditions.

Signed _____ Date _____