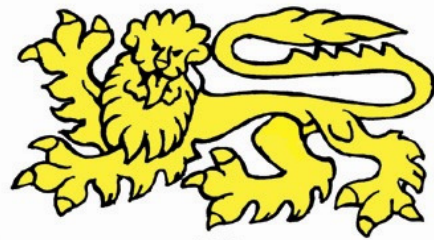


Berkshire, Buckinghamshire & Oxfordshire
Union of Golf Clubs

Amateur Championship
2010



Denham Golf Club
6th & 7th August 2010

with pre-qualifying for the
PENFOLD TROPHY
Reading Golf Club
24th July 2010

CLOSING DATE
5th July 2010

General Conditions of Entry for BB&O Championship and Trophy Events

- 1) All Championship and Trophy events shall be played in accordance with the R&A Rules of Golf and Local Rules as approved.
- 2) All competitors must be:
 - i) Of Amateur Status as defined by the R&A.
 - ii) In possession of an ACTIVE handicap under the CONGU Unified SSS & Handicapping Scheme 2008-2011 and not exceeding that determined by the County Union as a condition of entry.
 - iii) A member of a Club affiliated to the BB&O County Union. This Club must be his **Home Club** for Handicapping purposes.
- 3) Entrants may not have played for another County, or in the Championship of another County in the preceding 12 months
- 4) Persons under 18 will not be allowed to partake in County Championships and Trophy events unless the County Union holds the relevant Health & Safety Emergency First Aid/Medical Treatment Parental Consent Form. A copy is available on the BB&O website www.bbogolf.com.
- 5) Entry Forms
 - i) All entry forms must be **fully completed**, accompanied by the correct fee and received at the County Union Office by 12 noon of the closing date.
 - ii) No entry fee will be refunded unless notice of scratching is received before the closing date for entries except for any entrant who may be balloted out and who does not subsequently compete.
 - iii) All entries shall be subject to the approval of the Championship Committee which reserves the right to accept or refuse an entry without giving reason for its decision, which shall be final.
- 6) Any competitor who, for whatever reason is not present on the tee when called upon to start will be disqualified. Any competitor for what ever reason fails to appear on the tee at his appointed time shall be required to write a letter of explanation to the Championship Committee. If he does not do so, he will be barred from entering or taking part in any BB&O event for such period as the Championship Committee see fit.
- 7) Players shall walk at all times during a stipulated round unless permitted to ride by the Championship Committee. Except in cases when competitors claim exemption under the provisions of the Disability Discrimination Acts 1995 & 2005 by producing a Medical Certificate signed by a Registered Medical Practitioner. Medical Certificates must be provided to the Secretary not less than 5 clear days prior to the start of the competition. Competitors shall always be responsible for providing their motorised buggy/trolley. Penalty for Breach of Condition is Disqualification.
- 8) Competitors and their caddies are not permitted to wear shorts.
- 9) All ties will be decided on the last 18, 9, 6, 3, or 1 hole in that order, unless a tie still results in which case the last 6, 3, or 1 hole of the first 9 will count. Except in those Championships where a play-off over holes to be decided will take place, followed if necessary, by a 'sudden death' play-off.
- 10) All competitors are required to play with golf balls which are on the current List of Conforming Golf Balls issued by the Royal & Ancient Golf Club of St. Andrews. Penalty for Breach of Condition is Disqualification.
- 11) The driving club the player carries must have a clubhead, identified by model and loft, that is named on the current List of Conforming Driver Heads issued by the Royal & Ancient Golf Club of St. Andrews. Penalty for Breach of Condition is Disqualification.
- 12) Any competitor who during the course of an event, including practice days, misbehaves by, for example, swearing, throwing clubs, or vandalising the golf course or Clubhouse, or acts in any manner which might bring the game into disrepute may be barred from entering or taking part in any BB&O event for such period as the Championship Committee may see fit.
- 13) Competitors shall at all times be liable for the actions of their caddies and shall ensure that the caddies comply with the Conditions as they apply to the competitors.
- 14) Any competitor found using a mobile phone on the course, other than for calling one of the Emergency Services or the Tournament Administrator could be disqualified under Rule 14-3; or barred from entering or taking part in any BB&O event for such period as the Championship Committee may see fit.
- 15) The Committee have reviewed Rule 14.3 and will be making a Local Rule allowing the use of distance measuring devices in this competition as follows: A player may obtain distance information by using a device that measures distance only. If, during a *stipulated round*, a player uses a distance-measuring device that is designed to gauge or measure other conditions that might affect his play (e.g. gradient, wind speed, temperature, etc.), the player is in breach of Rule 14-3, for which the penalty is disqualification, regardless of whether any such additional function is actually used.
- 16) All disputes will be settled by the Championship Committee.

Conditions of Play in addition to General Conditions for BB&O Amateur Championship

- a. Restricted to Players with a handicap of 5.4 or under. The leading 48 entrants (and ties) on exact handicap will be exempt from the Penfold Trophy.
- b. When entries exceed a total of 108 in number, the higher handicaps will be eliminated by ballot and the entry fees refunded.
- c. Past BB&O Champions with a handicap of 6 or under are exempt from the Penfold Trophy.
- d. The championship includes those qualifying from the Penfold Trophy (24th July 2010) to make up a field of 72. No further entry fee is payable.
- e. The championship shall be decided by stroke play over two days and 72 holes. The top 16 or 16th equal players after 36 holes shall qualify for the 36 holes on the second day.
- f. The winner shall be the competitor who returns the lowest score over 72 holes.
- g. In the event of a tie, a play-off over a determined number of holes will take place, followed if necessary, by a 'sudden death' play-off.
- h. The Champion will be expected to represent the BB&O County Union in the EGU Champion of Champions Tournament.

BERKS, BUCKS & OXON UNION OF GOLF CLUBS

AMATEUR CHAMPIONSHIP

DENHAM GOLF CLUB – 6th & 7th AUGUST 2010

PENFOLD TROPHY

READING GOLF CLUB – 24th JULY 2010

Entry opening date Monday 10th May 2010 – closing date 12 Noon Monday 5th July 2010

Do not send in before opening date.

ENTRY FORM Open to members of Clubs affiliated to the County Union and with a handicap of 5.4 or under. All sections of the entry form **MUST** be completed. Entries will not be accepted from players under 18 (on the day of the event) unless the County Union holds the relevant Health & Safety Emergency First Aid / Medical Treatment Parental Consent Form for the current year. (see General Conditions - 4). A copy is on the reverse.

First Name:.....Surname:.....

Home Club (for handicapping purposes):.....

Home address:.....

.....

.....Post Code:.....Tel No:.....

I have read the conditions of the Championship and confirm
that I comply with them in all respects and the information supplied is correct.

Signature of Entrant:.....Date:.....

(If the entrant is under 18 years of age on the day of the event please also complete the final section)

Do you suffer from any ailment or illness that the BB&O Union should be made aware of
i.e. Asthma, epilepsy, insect bits/stings, diabetes, heart condition etc.

YES

(One box MUST be ticked)

NO

If yes, please specify:.....

To be completed by The Home Club Secretary.

I certify that the entrant has an ACTIVE exact handicap of under the current CONGU Unified Handicapping System,
or awarded by a recognised Golfing Union, Federation or Association. If a player has a CONGU handicap he MUST enter using this.

Unique CDH Number (if known)

Signature not required if Unique CDH Number shown in box on left.

Signature of Secretary:.....Date:.....

This section must be completed by the Parent or Guardian of the entrant if he is under 18 years of age on the day of the event.

I have read the conditions of the Championship and confirm
that he complies with them in all respects and the information supplied is correct.

Name:.....Date:.....

Signature:.....Relationship to Entrant:.....

The form above together with the entry fee of £30.00 should be sent to:
P M J York, BB&O County Secretary,
Bridge House, Station Approach, Great Missenden. Bucks. HP16 9AZ Tel: 01494 867341
Cheques payable to BB&O Union of Golf Clubs.

WARNING:

Falsification of Entry Forms will result in disqualification and probable suspension.
Late or incomplete entry forms will not be accepted.
Please ensure all sections have been completed.

CHILD PROTECTION

Dear Parent/Guardian,

Emergency First Aid / Medical Treatment

PLEASE COMPLETE THIS FORM UNLESS
YOU HAVE ALREADY SUBMITTED ONE TO THE BB&O COUNTY UNION FOR THIS YEAR
IF SO TICK HERE

Should your child suffer an injury or become ill whilst playing golf it may not always be possible to contact you. Should you not be available to give your consent at the time and wish The Berks Bucks & Oxon Union of Golf Clubs to provide First Aid or seek emergency treatment, please complete the authorisation below and return it to the County Secretary.

Parent/Guardian Authorisation

Name of Child or Young Person:

Date of Birth:

NHS Number: Doctor's Name:

Surgery Address:

.....

.....

Telephone No:

*My child is under 16 years of age. I authorise The Berks Bucks & Oxon Union of Golf Clubs to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre, where necessary.

*My child is 16 years of age or over. I acknowledge that he /she has the right to decide for him/herself on the treatment to be received or the need to attend hospital or medical centre.

In the event of any medical attention being administered, I understand that The Berks Bucks & Oxon Union of Golf Clubs will inform me of the action taken.

My child suffers from the following allergies / conditions:

Asthma	Yes / No	Fits or Blackouts	Yes / No
Epilepsy	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Heart Problems	Yes / No
Migraine	Yes / No		

Please record below, allergies, other medical conditions or any medication prescribed for your child

.....
.....

Also record medication not to be administered:

.....

Signature of Parent/Guardian:.....Date.....

Name: (Print)

Telephone Numbers: Home.....

Work.....

Mobile.....

* Delete as necessary