



**** MAILING ADDRESS:
POXABOGUE GOLF CENTER
PO BOX 623
BRIDGEHAMPTON, NY 11932**

CAMPERS WILL LEARN:

- FULL SWING
- SHORT GAME
- PUTTING
- RULES & ETIQUETTE
- LIFE VALUES
- MATH & SCIENCE
- SELF CONTROL
- SPORTSMANSHIP & FRIENDSHIP



**POXABOGUE GOLF CENTER **
3556 Montauk Highway
Bridgehampton, NY 11932
Tel: 631-537-0025 ♦ Fax: 631-537-1802**

“THE BEST JUNIOR PROGRAM IN THE COUNTRY”

**STEVE FEDER
PGA Professional
Director of Golf
Junior Golf Program Director
golfshop@poxgolfcenter.com**



POXABOGUE GOLF CENTER



2018 JUNIOR GOLF CAMPS

**BOYS AND GIRLS AGES 7
– 16**

**CAMPS FEATURE:
JUNIOR SHIRT AND HAT
DAILY SKILLS CONTESTS
COMPETITIONS
PRIZES
GIVEAWAYS
LOW STUDENT TO
TEACHER RATIO
FUN
EVERYONE’S A WINNER!!**

FULL WEEK CAMPS AT POXABOGUE GOLF CENTER

ALL CAMPS ARE:
MONDAY to FRIDAY
9AM to 12PM

DEVELOPED WITH:



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Town of
SOUTHAMPTON
Long Island, NY



SCHEDULE

- Session #1: June 25-June 29
- Session #2: July 2-July 6
- Session #3: July 9-July 13
- Session #4: July 16-July 20
- Session #5: July 23-July 27
- Session #6: July 30-August 3
- Session #7: August 6-August 10
- Session #8: August 13-August 17
- Session #9: August 20-August 24
- Session #10: August 27-August 31

FEES

\$499 PER WEEK / PER CAMPER
\$470 SIBLINGS

PLEASE INQUIRE ABOUT
MULTIPLE WEEK DISCOUNTS

BOYS AND GIRLS AGES 7 TO 16
STUDENT TO TEACHER RATIO:
APPROX. 8 TO 1

COME AND JOIN US THIS SUMMER!

Two-weeks advance notice required for any partial or full refund due to cancellation of reservation. No refunds due to rain cancellations, rain dates available upon request and subject to availability.

POXABOGUE JUNIOR GOLF CAMPS 2018

Date: _____
Camper's
Name(s): _____ Age ____
Name(s): _____ Age ____
Parent/Guardian Name: _____
Parent/Guardian Phone: _____
Alt. Phone: _____
Email: _____
Please indicate week of choice: _____
Alternate week if full: _____

Health Information

Please note if the camper should be restricted from any of the activities. _____
Will the camper require any medication? Y / N
If yes, what medication and dosage? _____

I hereby release the staff, camp management, and Pin High Golf Management of any liability or illness incurred while at the camp. I will be financially responsible for any medical attention received at camp.

Parent or Guardian Signature: _____

Enclosed is my check in the amount of _____

(Make Checks payable to: Pin High Golf Management)
Please charge my Credit Card:

MC _____ VISA _____ AMEX _____

CARD # _____

EXP. _____

BILLING (STREET # & ZIP)
ADDRESS
