



**\*\* 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



## 2019 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 24-June 28
- Session #2: July 1-July 5
- Session #3: July 8-July 12
- Session #4: July 15-July 19
- Session #5: July 22-July 26
- Session #6: July 29-August 2
- Session #7: August 5-August 9
- Session #8: August 12-August 16
- Session #9: August 19-August 23
- Session #10: August 26-August 30

## FEES

\$529 PER WEEK / PER CAMPER  
\$499 SIBLINGS  
3 DAY/WEEK MINIMUM

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 2019

Date: \_\_\_\_\_  
Camper's  
Name(s): \_\_\_\_\_ Age \_\_\_\_  
Name(s): \_\_\_\_\_ Age \_\_\_\_  
Name(s): \_\_\_\_\_ Age \_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Phone: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Needs Clubs (Y/N) \_\_\_\_\_

### 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:

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

MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_

CARD # \_\_\_\_\_

EXP. \_\_\_\_\_

BILLING ADDRESS (STREET # & ZIP)

\_\_\_\_\_  
\_\_\_\_\_