



**** 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



2020 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 22-June 26
- Session #2: June 29-July 3
- Session #3: July 6-July 10
- Session #4: July 13-July 17
- Session #5: July 20-July 24
- Session #6: July 27-July 31
- Session #7: August 3-August 7
- Session #8: August 10-August 14
- Session #9: August 17-August 21
- Session #10: August 24-August 28

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 notice required for any partial refund due to cancellation of reservation. All refunds subject to processing fees. No refunds due to rain cancellations, rain dates available upon request and subject to availability.

POXABOGUE JUNIOR GOLF CAMPS 2020

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. _____
Does the camper have any allergies? _____
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)
