



**\*\* 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



## 2021 JUNIOR GOLF CAMPS

BOYS AND GIRLS AGES  
7 - 16

**CAMPS FEATURE:  
JUNIOR SHIRT AND  
HAT**

DAILY SKILLS  
CONTESTS  
COMPETITIONS  
PRIZES  
GIVEAWAYS

# 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 21-June 25
- Session # 2: June 28-July 2
- Session #3: July 5-July 9
- Session #4: July 12-July 16
- Session #5: July 19-July 23
- Session #6: July 26-July 30
- Session #7: August 2-August 6
- Session #8: August 9-August 13
- Session #9: August 16-August 20
- Session #10: August 23-August 27

## FEES

\$549 WEEK/ PER CAMPER  
\$519 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 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 2021

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) \_\_\_\_\_ Height \_\_\_\_\_

### 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)

\_\_\_\_\_