



**\*\* 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

PLEASE INQUIRE ABOUT  
MULTI- WEEK & SIBLING  
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 refunds due to cancellation of reservation; subject to 10% administrative fee. All credit card charges subject to 3.99% 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,  
P.O. Box 623, Bridgehampton, NY 11932  
Please charge my Credit Card:  
CARD # \_\_\_\_\_

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

BILLING ADDRESS (STREET # & ZIP)

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