



**** 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**

“THE BEST JUNIOR PROGRAM IN THE COUNTRY”

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



**POXABOGUE
GOLF CENTER**



**2024 JUNIOR
GOLF CAMPS**

**BOYS AND GIRLS AGES
7 - 15**

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



Town of
SOUTHAMPTON
Long Island, NY



SCHEDULE

- Session #1: June 17-June 21
- Session #2: June 24-June 28
- Session # 3: July 1-July 5
- Session #4: July 8-July 12
- Session #5: July 15-July 19
- Session #6: July 22-July 26
- Session #7: July 29-August 2
- Session #8: August 5-August 9
- Session #9: August 12-August 16
- Session #10: August 19-August 23

FEES

\$679 WEEK/ PER CAMPER
\$50 WEEK CLUB RENTAL/PER CAMPER

Two weeks' notice required for refunds due to cancellation prior to June 1st; subject to a 10% administrative fee. All credit card charges subject to 3.99% non-refundable convenience fee. No refunds due to rain cancellations, rain dates available upon request; subject to availability.

NO FULL REFUNDS AS OF JUNE 1st. AS OF JUNE 1st REFUNDS LIMITED TO 50% WITH 2 WEEKS NOTICE; NO REFUND WITH LESS THAN 2 WEEKS NOTICE

POXABOGUE JUNIOR GOLF CAMPS 2024

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

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 _____ CODE _____

BILLING ADDRESS (STREET # & ZIP)

