



**** 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**



**2025 JUNIOR
 GOLF CAMPS**

**BOYS AND GIRLS AGES
 8 - 14**

**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 8 TO 14
STUDENT TO TEACHER RATIO:
APPROX. 8 TO 1



SCHEDULE

- Session #1: June 23-June 27
- Session #2: June 30-July 4
- Session # 3: July 7-July 11
- Session #4: July 14-July 18
- Session #5: July 21-July 25
- Session #6: July 28-August 1
- Session #7: August 4-August 8
- Session #8: August 11-August 15
- Session #9: August 18-August 22

FEES

\$789 WEEK/ PER CAMPER
\$50 WEEK CLUB RENTAL/PER CAMPER

TWO WEEKS' NOTICE REQUIRED FOR ANY REFUNDS: PRIOR TO JUNE 1ST REFUND SUBJECT TO 10% ADMINISTRATIVE FEE.

NO FULL REFUNDS AS OF JUNE 1ST. AS OF JUNE 1ST, REFUNDS LIMITED TO 50% WITH 2 WEEKS' NOTICE. NO REFUNDS WITH LESS THAN 2 WEEKS NOTICE; NO EXCEPTIONS

No refunds due to rain cancellations, rain dates available upon request and subject to availability.

All credit card charges are subject to a 3.99% non-refundable convenience fee.

POXABOGUE JUNIOR GOLF CAMPS 2025

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) _____ RH/LH _____
Height (In Inches) _____

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 _____