



**** 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



2026 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 29-July 3
- Session #2: July 6-July 10
- Session #3: July 13-July 17
- Session #4: July 20-July 24
- Session #5: July 27-July 31
- Session #6: August 3-August 7
- Session #7: August 10-August 14
- Session #8: August 17-August 21

FEES

\$989 WEEK/ PER CAMPER
\$75 WEEK CLUB RENTAL/PER CAMPER

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

Two weeks' notice required for any
refunds, prior to June 1st; subject to a
10% administrative fee.

**NO FULL REFUNDS AFTER JUNE 1st;
AFTER JUNE 1st REFUNDS LIMITED
TO 50% WITH 2 WEEKS NOTICE; NO
REFUND WITH LESS THAN 2 WEEKS
NOTICE; NO EXCEPTIONS**

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

POXABOGUE JUNIOR GOLF CAMPS 2026

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

Pay by Zelle Using: laura@poxgolfcenter.com

CARD # _____

EXP _____ CODE _____

BILLING ZIP _____