# JUNIOR GOLF CAMP

# JUNIOR CAMP 2025 PRICING Returning Camper or Sibling Rate or Multi-week:

New Camper: \$675 per child

\$625 per child

Please fill out registration form and mail it in

## **ONE ORDER FORM PER CHILD**

Mail order form and payment to:

Indian Island Golf Course Attn: Golf Camp 661 Riverside Dr. Riverhead, NY 11901

Any questions please email: indianislandirgolf@gmail.com

# INDIAN ISLAND JUNIOR GOLF CAMP



Ages 7-15

## Monday- Thursday 10 am- 2 pm

\*Daily Contests with Prizes

\*Club Rentals Included

\*FREE Hat and Shirt

\*Lunch and Refreshments are provided daily

### **Friday**

3:30- 7:30 pm

\*5 Hole Scramble Tournament

\*\*\*Parents come at 5:30 pm

Contact for questions:

631-727-7776

indianislandjrgolf@gmail.com

### **SUMMER 2025**

WEEK 1: 6/23/25- 6/27/25

WEEK 2: 6/30/25-7/4/25

WEEK 3: 7/7/25- 7/11/25

WEEK 4: 7/14/25- 7/18/25

WEEK 5: 7/21/25- 7/25/25

WEEK 6: 7/28/25- 8/1/25

\* Wait List only \* WEEK 7: 8/4/25-8/8/25

\* Wait List only \* WEEK 8: 8/11/25-8/15/25

**\* 14 SPOTS LEFT \*** WEEK 9: 8/18/25- 8/22/25

WEEK 10: 8/25/25- 8/29/25

PLEASE **CIRCLE** THE WEEKS THAT YOU WOULD LIKE TO REGISTER FOR

#### PRICE CALCULATION

\_\_\_\_ X \$625 = \$\_\_\_\_

(# of weeks) (returner/sibling/multi-week price)

\_\_ X \$675 = \$\_\_\_\_\_

(# of weeks) (first time price)

If you are registering multiple children you can write one check or CC #. Please just mail in the same envelope.

#### Child Name:

DOB: \_\_\_\_\_ Age: \_\_\_\_ Phone:

Do you have Clubs?: **YES** or **NO** 

circle one

Allergies:

Form of Payment:

#### **Check** or **Card**

circle one

Check # \_\_\_\_\_

Payable to:

#### **Third Rock Management**

Card #:

Expiration: \_\_\_\_/\_\_ CVC: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Credit Card Processings are subject to a **4%** fee

