

JUNIOR GOLF CAMP

JUNIOR CAMP 2025 PRICING

**Returning Camper or Sibling Rate or Multi-week:
\$625 per child**

New Camper: \$675 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:

indianislandjrgolf@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

** Wait List Only **

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

** 13 SPOTS LEFT **

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

** 10 SPOTS LEFT **

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

** 15 SPOTS LEFT **

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~~

** Wait List Only **

~~WEEK 9: 8/18/25- 8/22/25~~

** 14 SPOTS LEFT **

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*

