

JUNIOR GOLF CAMP

JUNIOR CAMP 2026 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

SUMMER 2026



Ages 6-15

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

WEEK 1: 6/22/26 - 6/26/26

WEEK 2: 6/29/26 - 7/3/26

~~WEEK 3: 7/6/26 - 7/10/26~~

~~WEEK 4: 7/13/26 - 7/17/26~~

WEEK 5: 7/20/26 - 7/24/26

~~WEEK 6: 7/27/26 - 7/31/26~~

~~WEEK 7: 8/3/26 - 8/7/26~~

~~WEEK 8: 8/10/26 - 8/14/26~~

~~WEEK 9: 8/17/26 - 8/21/26~~

~~WEEK 10: 8/24/26 - 8/28/26~~

WEEK 11: 8/31/26 - 9/4/26

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*

