



INDIAN ISLAND COUNTRY CLUB
661 Riverside Drive
Riverhead, NY 11901

INDIAN ISLAND JUNIOR GOLF CAMPS



INDIAN ISLAND COUNTRY CLUB
661 Riverside Drive • Riverhead, NY 11901
Tel: 631-727-7776 • Fax: 631-727-8388

STEVE FEDER

PGA Head Golf Professional,
Junior Golf Program Director

golfprosteve@indianislandcountryclub.com
Cell: 516-383-4481

www.indianislandcountryclub.com
www.longislandjuniorgolf.com



INDIAN ISLAND JUNIOR GOLF 2017

Join Steve Feder, PGA, and his staff, in this ideal setting for young golfers of all abilities from ages 7 to 16 to improve swings, lower scores and learn how to enjoy a game that will last a lifetime. It's not just about golf; it's about long lasting life values, perseverance, and personal pride. Every camper is a winner!!!

“SIXTEENTH GREAT YEAR OF JUNIOR CAMP” FEATURES:

- LUNCH DAILY
- JUNIOR PGA SHIRT
- JUNIOR HAT
- DAILY SKILLS CONTESTS
- PRIZES
- GIVEAWAYS
- LOW STUDENT: TEACHER RATIO

BOYS AND GIRLS AGES 7 TO 16
ALL LEVELS OF ABILITY
BEGINNERS WELCOME

FULL WEEK CAMPS AT INDIAN ISLAND

ALL CAMPS ARE:
MONDAY - THURSDAY: 10AM-2PM
& FRIDAY: 3:30PM - 7:30PM
(FOR ON COURSE COMPETITION)

DEVELOPED WITH



CAMPERS WILL LEARN:

- THE FULL SWING
- PUTTING
- SHORT GAME
- RULES & ETIQUETTE
- LIFE VALUES
- MATH & SCIENCE
- SELF CONTROL
- SPORTSMANSHIP & FRIENDSHIP



SCHEDULE

June 26-June 30

July 3-July 7

July 10-July 14

July 17-July 21

July 24-July 28

July 31-August 4

August 7-August 11

August 14- August 18

August 21-August 25

August 28-September 1

FEES

\$525 PER WEEK PER CAMPER
\$475 SIBLINGS & RETURNING CAMPERS

**PLEASE INQUIRE ABOUT
MULTIPLE WEEK DISCOUNTS**

BOYS AND GIRLS AGES 7 TO 16
STUDENT TO TEACHER RATIO:
APPROX. 6 TO 1
COME AND JOIN US THIS SUMMER
SIXTEENTH GREAT YEAR OF JUNIOR
GOLF CAMPS AT INDIAN ISLAND

*RAIN DATES WILL BE RESCHEDULED
ACCORDING TO AVAILABILITY
NO REFUNDS FOR WEATHER
CANCELLATIONS*

INDIAN ISLAND JUNIOR GOLF CAMPS 2017

Camper's
Name: _____
Address: _____

Date of Birth: _____M_____F_____
Parent/Guardian Phone: _____
Alt. Phone: _____
Email: _____

Please indicate week of choice: _____
Alternate week if full: _____

Health Information

Please note if the camper should be restricted from
any of the activities. _____

Will the camper require any medication? Y N
If yes what medication and dosage? _____

**I hereby release the staff, camp management,
and Third Rock Management of any liability or
illness incurred while at the camp. I will be
financially responsible for any medical attention
or for any injury received at camp.**

Parent or Guardian Signature: _____

Enclosed is my check in the amount of _____

(Checks payable to: Third Rock Management)
Please charge my Credit Card :

MC _____ VISA _____ AMEX _____
CARD # _____
EXP. _____