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!!

“NINETEENTH 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

U.S. Kids Golf Foundation

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

SCHEDULE

| June 22-June 26 |
| June 29-July 3  |
| July 6-July 10  |
| July 13-July 17 |
| July 20-July 24 |
| July 27-July 31 |
| August 3-August 7 |
| August 10- August 14 |
| August 17-August 21 |
| August 24-August 28 |

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
NINETEENTH 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 2020

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 ____________________

NO REFUNDS FOR WEATHER CANCELLATIONS