

## ***2025 Junior Programs***

*FULL DAY* program is designed for students who have had some exposure to the game and want to advance their abilities and knowledge. This program is recommended for students ages 8 and above. Students will spend a majority of the program learning on the golf course itself. Students are provided with a snacks, drinks and lunch each day. Each day students will be playing on the course as well as regular instruction.

### ***Camp Schedules***

#### ***Full Days (9am – 3:00pm)***

\_\_\_\_ July 14<sup>th</sup> – 17<sup>th</sup> (Mon-Thurs)

\_\_\_\_ July 21<sup>st</sup> – July 24<sup>th</sup> (Mon – Thurs)

\_\_\_\_ August 4<sup>th</sup> – 7<sup>th</sup> (Mon-Thurs)

***Camps are limited to 12 students each week.***

## Camp Pricing

Full Day - \$525.00

## Camp Registration

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Student Age: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Has Clubs: \_\_\_\_\_

Special Notes: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ (For Multi Camp Registrants)

\_\_\_\_\_

CASH

\_\_\_\_\_

CHECK

\_\_\_\_\_

CREDIT CARD

\$100 Deposit Required For Registration

**Please make checks payable to Stonebridge GLCC  
Please contact me with any questions or for  
Further information**

*Iain Wilson*

Head PGA Professional / [iain@stonebridgeglcc.com](mailto:iain@stonebridgeglcc.com) / 631 724 7500 x 113

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## GOLF CREDIT CARD AUTHORIZATION

In order to protect both you and us, Stonebridge Golf Links & Country Club ("Stonebridge") requires that you provide a written, signed authorization to make charges to your credit card in your name. Please fill out the following form, sign where appropriate, and forward it to general management at Stonebridge.

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### CREDIT CARD INFORMATION

**CARDHOLDER NAME:** \_\_\_\_\_

**TYPE OF CREDIT CARD:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_ **SECURITY CODE:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

(Address where monthly credit card statements are received)

**PHONE NUMBER:** \_\_\_\_\_

(Phone number associated with credit card)

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I, \_\_\_\_\_, being the cardholder or Corporate Officer, hereby authorize Stonebridge to charge or cause to be charged to the above mentioned credit card all charges associated with Junior Camp at Stonebridge, I further agree that in the event my credit card becomes invalid, I will provide Stonebridge with a new valid credit card upon request, or will pay all outstanding balances in the form of either cash or check. By signing below, I acknowledge that I fully understand and agree to the terms set forth in this agreement.

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Signature of credit card holder      Date