



JUNIOR DEVELOPMENT GOLF ACADEMY SUMMER 2026

DATES: (CIRCLE ONE)

SESSION #1 JULY 14-16

SESSION #2 JULY 21-23

SESSION #3 JULY 28-30

SESSION #4 AUGUST 4-6

SESSION #5 AUGUST 11-13

SESSION #6 AUGUST 18-20

TIME: *10:00 AM – 12:00 PM* Tuesday & Wednesday will be held at Mill Pond Golf Course. Thursday will be held at Rolling Oaks From **8:00 AM – 10:00am**

INCLUDES: Golfer's will learn the basic fundamentals of golf including: grip, stance, posture, alignment, full swing, short game, putting and sportsmanship. This program is designed to be extremely fun with daily contests and giving your little players an introduction to a great game!

BREAKS: Golfers will take several snack/water breaks (Please provide from home) over the course of the camp. (Students will be supervised during break)

REGISTRATION: **This camp is intended for school aged children 6 – 11 years old.** All that are interested in participating in the JUNIOR DEVELOPMENT GOLF ACADEMY must complete the registration form below and return it to the Pro Shop at Mill Pond Golf Course as soon as possible. Class size is limited 8 Golfers per session. This is a very popular program and classes always fill up quickly. ***FULL payment is required at time of registration and will guarantee spot in camp.***

PRICE: **\$225.00 for Town of Brookhaven Residents, PER GOLFER**
\$245.00 for non-residents, PER GOLFER
Multiple Week Discounts available at \$25.00 off for additional weeks.

JUNIOR DEVELOPMENT CAMP REGISTRATION FORM

NAME: _____ AGE: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ HOME PHONE: _____
CELL PHONE _____
EMERGENCY CONTACT _____ PHONE # _____

1. ARE THERE ANY RESTRICTIONS/ALLERGIES? _____
2. ARE THERE ANY REQUIRED MEDICATIONS? _____
3. SESSION(S) OF CHOICE _____ ALTERNATE _____
4. METHOD OF PAYMENT CASH: _____ CHECK # _____

CREDIT CARD: WE ACCEPT VISA, MASTERCARD, DISCOVER AND AMEX

ACCOUNT # _____ EXP. DATE ___ / ___

Please Make Checks Payable to Mill Pond Golf Course

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

PARENTS SIGNATURE: _____ E MAIL ADDRESS _____

Mail Checks to:

Mill Pond Golf Course
Attn: Mike Zguris
300 Mill Road
Medford, New York 11763

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(OFFICE USE ONLY)