



# JUNIOR GOLF CAMP

**MONDAY - THURSDAY**

**9 AM - 1 PM**

**\$349**

**CAMP INCLUDES:**

Functional skill development includes:

Full Swing | Short Game | Etiquette

On-course experience

Fun games & prizes

Lunch provided every day

Camper Welcome Package including hat, glove,  
and divot tool

Fun, safe, and educational

**BIRDIES CAMP**

(AGES 7-11)

JULY 26 - JULY 29

AUG 9 - AUG 12

**EAGLES CAMP**

(AGES 12-16)

AUG 2 - AUG 5

**\*\*AUG 16 - AUG 19\*\***

**\*\*ALL DAY CAMP\*\***

AUG 16 - AUG 19

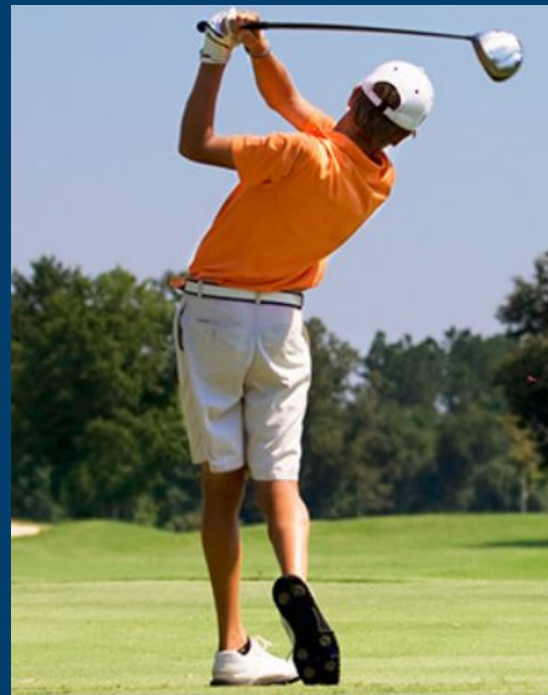
9 AM - 4 PM

Includes all details from half day camp

Plus 9-holes each day

\$549 per junior

**VISIT [WWW.HERONGLEN.COM](http://WWW.HERONGLEN.COM) TO REGISTER**





# JUNIOR GOLF CAMP

Monday – Thursday

9 AM – 1 PM

## **Birdies Camp**

(Ages 7 – 11)

July 26 – July 29

Aug 9 – Aug 12

## **Eagles Camp**

(Ages 12 – 16)

Aug 2 – Aug 5

**\*\*Aug 16 – Aug 19\*\***

**\*\* All Day Camp\*\***

Name of Junior: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

ALLERGIES OR SPECIAL NEEDS: \_\_\_\_\_

CHILD HAVE GOLF CLUBS?: \_\_\_\_\_ LEFT OR RIGHT HANDED (Circle one)

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

\* PAYMENT MUST BE RECEIVED IN FULL AT TIME OF REGISTRATION\*

14-DAY CANCELLATION PERIOD IS REQUIRED FOR FULL REFUND. HERON GLEN RESERVES THE RIGHT TO CREDIT  
REGISTRATION FEES IN THE EVENT AN INSUFFICIENT NUMBER OF PLAYERS REGISTER FOR THE GOLF CAMP.

### IMPORTANT—PLEASE READ THE FOLLOWING STATEMENT:

I hereby waive and release all rights and claims for damages against the County of Hunterdon/KemperSports Management (KSM) and their employees and agents for all injuries which may be sustained by the herein named minor (s) or myself while participating in the program listed above. I understand the content of the program and the risks of personal injury therein. I also give my permission for employees or agents of the County/KSM and the Hunterdon Medical Center (or closest medical facility to the activity site) to admit me or my child for EMERGENCY medical treatment that would become necessary as a result of a medical emergency during this program. I also give permission to the County to make noncommercial use of any activity or photographs of myself or my child. Any information provided will be treated with confidentiality and will allow the County and Heron Glen Golf Course to better serve individuals attending programs.

### ACCESSIBILITY STATEMENT:

It is the policy of the County/KSM to provide reasonable accommodations to persons with disabilities upon advance notice of need. Persons requiring accommodations should request 10 days prior to program attendance.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Each Adult must sign for him/herself)