



2025 CN Future Links Camp – ages 7 to 12



GENERAL INFORMATION:

These fun-filled, active 5 half day junior camps focus on providing a safe and enjoyable introduction to the basic fundamentals, rules, etiquette, and history of the game. Each young athlete is exposed to physical, mental, technical and tactical exercises designed to increase their athletic and golf skills.

ITINERARY:

- Registration and Introductions **8:30 AM – 8:40 AM**
- Outcomes Defined and Warm Up **8:40 AM – 8:50 AM**
- Rotating Training Stations/On Course Training **8:50 AM – 11:20 AM**
- Review, Cool-Down and Wrap Up **11:20 AM – 11:30 AM**

CN FUTURE LINKS MORNING CAMP FEES & INCLUSIONS:

- \$400.00 + HST
- Georgian Bay Club Branded Golf Hat, Junior Golf Glove & Achievement Award Prizes

REGISTRATION & SCHEDULE 2025 (check all applicable dates):

Register by email to academy@georgianbayclub.com. **The maximum number of participants is 12 per camp.**

Please register us for (maximum of 2) Camp(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> Monday, June 30 th to Friday, July 4 th | <input type="checkbox"/> Monday, July 21 st to Friday, July 25 th | <input type="checkbox"/> Monday, August 11 th to Friday, August 15 th |
| <input type="checkbox"/> Monday, July 7 th to Friday, July 11 th | <input type="checkbox"/> Monday, July 28 th to Friday, August 1 st | <input type="checkbox"/> Monday, August 18 th to Friday, August 22 nd |
| <input type="checkbox"/> Monday, July 14 th to Friday, July 18 th | <input type="checkbox"/> Monday, August 4 th to Friday, August 8 th | <input type="checkbox"/> Monday, August 25 th to Friday, August 29 th |

PLEASE NOTE: ONCE YOUR REGISTRATION FORM IS RECEIVED, A CONFIRMATION EMAIL WILL BE SENT WITHIN 48 HOURS AND ALL REGISTRATION FEES PROCESSED. CANCELLATION REFUNDS WILL ONLY BE ISSUED IF THE VACANT SPOT IS FILLED.

Full Name: _____ Date of birth (dd/mm/yy): _____

Medical Conditions/Allergies: _____ Gender (circle): Male Female

Parent/Guardian: _____ Contact Number: _____

Email Address for Parent/Guardian: _____

Payment Information (please circle): Visa Amex MasterCard Member Account # _____

Name of Credit Card Holder: _____

Number: _____ Exp (mm/yy): _____ Amount: \$ _____

Signature: _____ Date (dd/mm/yy): _____