

Junior Golf Camps at Richter Park

Attention all parents and Junior Golfers!

Camps are for children 6-17 years old. They run Monday through Thursday and Friday is reserved for inclement weather. There is a maximum of 20 juniors per session. The junior to instructor ratio is about 5:1. Applications will be taken on a first come, first served basis.

SUMMER SESSION DATES 2025:

Camp is held on: Monday - Thursday & some Fridays

Normal Session: 8:30am - 11:30am (3 Hours of Instruction each day!)

Extended Session: 8:30am – 1:00pm (4.5 Hours of Instruction each day! Snacks Included)

Session #1: Monday, June 23 - Thursday, June 26 (Rain Date Fri, June 27)
Session #2: Monday, June 30 – Thursday, July 3 (Rain Date TBD)
Session #3: Monday, July 7 – Thursday, July 10 (Rain Date Fri, July 11)
Session #4: Monday, July 14 – Thursday, July 17 (Rain Date Fri, July 18)
Session #5: Monday, July 21 – Thursday, July 24 (Rain Date Fri, July 25)
Session #6: Monday, July 28 – Thursday, July 31 (Rain Date Fri, Aug 1)
Session #7: Monday, August 4 – Thursday, August 7 (Rain Date Fri, Aug 8)
Session #8: Monday, August 11 – Thursday, August 14 (Rain Date Fri, Aug 15)
Session #9: Monday, August 18 – Thursday, August 21(Rain Date Fri, Aug 22)

COST

Normal Session (8:30am – 11:30am): \$299.00 per camper Extended Session (8:30am – 1:00pm): \$425.00 per camper Please make checks payable to: Richter Park Golf Course.

Session(s):				
Name:		Grade (Sept '25)	Age	
Address	City:	State:	Zip:	
Phone:	Mobile Phone:			
Emergency Contact:		Relationship to Camper:		
Phone:				
Email:				
My child	has permission to partic	cipate in the Richter Pa	rk Golf Camp, and I	
assume all risks and hazard	ds incidental to such participation	on. I do hereby		
waive, release, absolve, inde	emnify, and agree to hold harm	less JMP Golf LLC, Rich	ter Park, The Richter Park	
Authority, The City of Danbu	ry			
and the sponsors and coac	hes for any claim arising out o	f injury to my child.	I also understand that	
t is my responsibility to n	otify the instructor of any MED	ICAL/PHYSICAL conditi	ion that could limit my	
child's participation or that	requires special attention.			
Parent/Guardian Signature:		Date:		