



**TED FOSTER  
CAMP DIRECTOR**

- Current Golf Coach Trinity High School
- '92-'99 Golf Coach St. Anselm College
- '97-'98 Northeast-10 Collegiate Coach of the Year
- American Red Cross Certified
- Member NH Camp Director's Association

**PHILOSOPHY**

Our objective at Foster's Golf Camp is to provide junior golfers with a better understanding and a greater appreciation for the game of golf. We offer a learning environment emphasizing solid fundamentals and teamwork, while having fun. Golf is a sport that helps in developing self-discipline and self-confidence—lifetime traits that are so very important for every individual. We instill in each Junior a positive attitude and the belief that with proper instruction and teaching methods, all golfers have the ability to be better players. We welcome the opportunity to teach your child.

**CAMP FEATURES**

- Play at different Par 3 course every day
- Small group to Instructor Ratio – 4 to 1
- Grip, practice and swing analysis
- Game fundamentals including etiquette
- Instruction continues during play
- Transportation provided by Camp Bus
- Training films/movies while enroute
- Full time supervision of Junior Campers
- Rainy Day Schedule
- High School and College Golf Team Athletes assist with instruction

**GIFT CERTIFICATES AVAILABLE**  
Coach's Cell: (603) 345.1398

**WEEKLY CAMP – \$275**

Co-Ed Ages 8-16  
Beginner to Advanced players

**ADVANCED CAMP – \$350**

Co-Ed Ages 10-16  
Intermediate to Advanced players

All courses are 18 hole Regulation size Courses.

**Season's Pass Available  
11 Weeks \$1,500  
Less than \$140 a week!**



**EARLY BIRD SPECIAL  
\$225**

IF PAID IN FULL BY 2/22

FOR MORE INFORMATION CALL  
(603) 622.1553

**CAMPERS INFORMATION**

Female  Male

Name \_\_\_\_\_ Age \_\_\_\_\_

New Camper  Return Camper

Beginner  Intermediate  Advanced

NOTE: Separate applications required for each camper.

**PARENT/GUARDIAN 1**

**PARENT/GUARDIAN 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**CAMP DATES:** Please check the week(s) your child will attend

- WEEK 1: June 21 – June 25
- WEEK 2: June 28 – July 2
- WEEK 3: July 5 – July 9
- WEEK 4: July 12 – July 16
- WEEK 5: July 19 – July 23
- WEEK 6: July 26 – July 30
- WEEK 7: ADVANCED CAMP
- WEEK 8: Aug. 9 – Aug. 13
- WEEK 9: Aug. 16 – Aug. 20
- WEEK 10: Aug. 23 – Aug. 27

**SPECIALTY CAMP DATES**

- APRIL VACATION: April 26 – April 30 \$275
- ADVANCED CAMP: Aug. 2 – Aug. 6 \$350

**PAYMENT SCHEDULE**

A \$50 deposit per week or payment in full for each week reserved is required at registration. A 3% surcharge will be added to credit card payments. The balance is due prior to the start of the scheduled week(s), please see confirmation letter. We will accept reservations right up to the start of any week providing there are openings, payment in full is required.

**TUITION & MISCELLANEOUS DUE**

- April Vacation Week Camp @ \$275 \_\_\_\_\_
  - Weekly Camp @ \$275 x Number of Weeks \_\_\_\_\_ = \_\_\_\_\_
  - Advanced Camp @ \$350 \_\_\_\_\_
  - Season's Pass @ \$1500 \_\_\_\_\_
  - Camp Hat @ \$15 ea x Qty \_\_\_\_\_ = \_\_\_\_\_
  - Camp Golf Shirt Unisex @ \$25 ea x Qty \_\_\_\_\_ = \_\_\_\_\_
  - Small  Medium  Large  XLarge \_\_\_\_\_
  - Club Rentals @ \$25 per week x Number of Weeks = \_\_\_\_\_
- TOTAL \_\_\_\_\_

**WAIVER AND RELEASE**

I have adequate medical insurance coverage, and give my daughter/son permission to attend the Foster's Golf Camp. We (or I) agree to indemnify the golf courses attended, their employees, Foster's Golf Camp and its employees, for any claim which may hereafter be presented by my daughter/son as a result of such injuries. In addition, our daughter/son understands all the rules and regulations of Foster's Golf Camp and promises to conform to such rules. I authorize Foster's Golf Camp to photograph and/or videotape my daughter/son for use in publications and/or website. I hereby authorize Ted Foster and/or instructors to act in my behalf, using the best judgment in any emergency requiring medical attention other than that maintained by the camp I will be responsible for any charges incurred and will pay such charges arising from the medical care of my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

REGISTRATION

VISIT WEBSITE FOR COURSE LOCATIONS  
[www.fostersgolfcamp.com](http://www.fostersgolfcamp.com)