

King Ferry Golf Club

1309 Clearview Road
King Ferry, New York 13081
#315-364-7343
Email: kingferrygolfclub@gmail.com
http://kingferrygolfclub.com

Learn How to Play Golf!

Session I: July 11—14, 2023 (Tue-Fri)

Session II: July 24-27, 2023 (Mon-Thu)

- Four-day schedule runs from 8:30—1:30 pm
- A maximum of 12 campers per session
- Cost per session is \$150.00 per camper
- Pre-Registration and payment is required to reserve your space at the camp

More information? Please call Ted Zakour at #607-379-0020 or contact King Ferry Golf Club at #315-364-7343.

King Ferry Golf Club - Golf Camp 2023

This golf camp is designed for students in elementary (minimum age of 8 years), middle and high school interested in learning how to play and/or strengthen their game. Differentiated instruction is provided for each participant receiving morning lessons on the driving range and putting green followed by playing golf on the course each day with continued instruction. Games and contests will enhance instructional outcomes making for a fun and enjoyable camp experience!

We are delighted to have local amateur player and coach Ted Zakour instruct two youth golf camps in July 2023. Born and raised in Ithaca, Ted is an accomplished golfer having competed in the New York Amateur Tournament, Ithaca City and county tournaments and provides golf instruction to youth and adults in the local area. His priority is to make learning the fundamentals of golf fun while cultivating a life long passion for the game. He and his wife Nancy live in King Ferry where they raised their daughter Sarah. Ted connects well with young people and enjoys sharing his love of sports.



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Please check one: King Ferry Golf Club - Golf Camp Registration Form 2023 ____ Session I: (July 11—14) (T-F) Camper's Name: _ Session II: (July 24-27) (M-Th) Gender:_____ Grade Level Fall '23:____ Age:___ I have reviewed the camp information and allow my child to participate in all activities. I Camper's Email Address:____ Camper's Cell Phone:____ also allow the staff at King Ferry Golf Club to make emergency medical decisions if I can't be Camper's Address: reached in sufficient time and authorize the staff of King Ferry Golf Club to contact the Guardian's Name: child's Physician and, if necessary, to transport my child to the appropriate medical facility. Guardian's Email Address: Guardian's Cell Phone: I hearby release and hold harmless: King Ferry Golf Club, Ted Zakour, and any other camp staff Guardian's Address:__ from any personal liability about my child's well -being, as well as all claims for injury, loss, dam-Emergency Phone Number(s) and Contact Name(s):____ age, accident or expense arising from or out of participating at King Ferry Golf Camp. ____ Phone:____ Physician: I recognize that the King Ferry Golf Camp has the right to dismiss my child from the camp if Please list any special conditions that King Ferry Golf Camp should be aware of:_____ that camper demonstrates continued inappropriate behavior. Guardian's Signature: ____ Camper will use personal golf clubs _____ Camper will need to rent clubs from KFGC Payment: Enclosed is a non-refundable payment of \$150.00. Checks should be made payable to King Ferry Golf Club and can be mailed to 1309 Clearview Road, King Ferry, NY 13081. Questions? Please $contact\ Ted\ Zakour\ at\ \#607-379-0020\ or\ tzakour@gmail.com\ or\ KFGC\ at\ \#315-364-7343.$ Please check one: King Ferry Golf Club - Golf Camp Registration Form 2023 ____ Session I: (July 11—14) (T-F) Camper's Name: _ Session II: (July 24-27) (M-Th) Gender:_____ Grade Level Fall '23:___ Age:_ I have reviewed the camp information and allow my child to participate in all activities. I Camper's Email Address:____ Camper's Cell Phone:___ also allow the staff at King Ferry Golf Club to make emergency medical decisions if I can't be Camper's Address:____ reached in sufficient time and authorize the staff of King Ferry Golf Club to contact the Guardian's Name: child's Physician and, if necessary, to transport my child to the appropriate medical facility. Guardian's Email Address:_____ Guardian's Cell Phone:____ I hearby release and hold harmless: King Ferry Golf Club, Ted Zakour, and any other camp staff Guardian's Address:_____ from any personal liability about my child's well -being, as well as all claims for injury, loss, dam-Emergency Phone Number(s) and Contact Name(s):_____ age, accident or expense arising from or out of participating at King Ferry Golf Camp. _____ Phone:____ Physician:___ I recognize that the King Ferry Golf Camp has the right to dismiss my child from the camp if Please list any special conditions that King Ferry Golf Camp should be aware of:____ that camper demonstrates continued inappropriate behavior. Guardian's Signature: _ Camper will use personal golf clubs _____ Camper will need to rent clubs from KFGC

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