**Summer Camp at The Club at Gateway**

The Club at Gateway’s highly successful Summer Kids Camp is back for its fifteenth year! The camp has been established for children ages 5-16 who are looking for a summer of fun-filled activities.

Led by certified USPTA and PGA staff, with partial or full day options, your child is guaranteed to have non-stop fun this summer. In addition to daily tennis and golf instruction, the campers will be introduced to the importance of teamwork, good sportsmanship, fair play, and positive attitudes. Full day campers will also enjoy pickleball, bocce, and recreation time which will include movies, pool time and arts & crafts.

Due to our success and growth over the past few years, space is limited to 35 campers per week, so make plans now to join us for a memorable summer at The Club at Gateway.

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**Join for the Summer!**

**Summer Preview Memberships**

- **Family $825**
- **Individual $675**

- 3-Day Advance Tee Time Reservations
- $25 Cart Fees
- Unlimited Practice Facility
- Club Amenities including Tennis, Pickleball, Bocce, Fitness Center & Classes, Pool, Dining and Events

**Social Membership $350**

Your entire family can enjoy the Club’s many amenities (except golf), including Tennis, Pool, 24hr Fitness Center & Wellness Classes, Bocce, Dining and Events

**Become a Member and Save $$$ on Camp fees.**

**Registration or More Information**

Camp - Rick Hanover, USPTA - Tennis Center
561-1422 or tennis@gatewaygcc.com

Camp - Jeff Koos, PGA - Golf Shop
561-1014 or golfshop@gatewaygcc.com

Membership - MJ Chappy
561-1012 or membership@gatewaygcc.com

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**Summer Weekly & Daily Golf & Tennis Camp**

Led by Certified USPTA & PGA Professionals

**Space is Limited!**

Call Rick at **(239) 561-1422** or Visit us online for more information:

Daily Schedule
Monday through Friday

**Tennis:** 9:30am to 12:30pm

**Lunch:** 12:45pm to 1:45pm

**Golf or Pool:** 1:30pm to 3:00pm

**Kid’s Club:** 3:00pm to 5:00pm

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Camp Dates and Rates

**Tennis Only**
(Monday through Thursday)
Weekly - $130 ($150)
Daily - $35 ($40)

**Golf Only**
(Tuesday through Friday)
Golf starts at 9:30am on Fridays
Weekly - $100 ($120)
Daily - $30 ($40)

**Weekly Sessions**

Session 1: June 10th - June 14th
No Golf Camp Available during Session 1 due to Course Maintenance

Session 2: June 17th - June 21st

Session 3: June 24th - June 28th

Session 4: July 8th - July 12th

Session 5: July 15th - July 19th

Session 6: July 22nd - July 26th

Session 7: July 29th - August 2nd

Session 8: August 5th - August 9th

Space is Limited! Sign Up Today!

Call Rick at (239) 561-1422

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Camp Registration

**Weekly Sessions:**
(Please Circle)
1 2 3 4
5 6 7 8

**Camp Options:**

<table>
<thead>
<tr>
<th></th>
<th>Member (Weekly/Daily)</th>
<th>Non-Member (Weekly/Daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day</td>
<td>$320 / $90</td>
<td>$360 / $100</td>
</tr>
<tr>
<td>Half Day</td>
<td>$185 / $60</td>
<td>$225 / $70</td>
</tr>
</tbody>
</table>

**Session 1** (No Golf Camp Available due to Course Maintenance)

<table>
<thead>
<tr>
<th></th>
<th>Member (Weekly/Daily)</th>
<th>Non-Member (Weekly/Daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day</td>
<td>$235 / $75</td>
<td>$275 / $80</td>
</tr>
<tr>
<td>Half Day</td>
<td>$135 / $35</td>
<td>$175 / $40</td>
</tr>
</tbody>
</table>

Total: $__________

**Child’s Name:**

**Parent’s Name:**

**Phone:**

**Address:**

**E-Mail:**

**Member Account Number:** __________________________ Or

**Method of Payment:**

- Cash
- Check

Checks Payable to The Club at Gateway. Rain or Shine (No Refunds)

**Camp Release Form**

My child, _____________________, has permission to participate fully in this program. I authorize representatives of The Club at Gateway to arrange any necessary emergency medical treatment in the event neither I nor the emergency contact person named below can be reached. I also authorize representatives of The Club at Gateway use of photographs, slides and videos taken of my child during this program for promotional and educational purposes. I hereby release The Club at Gateway and its staff from any liability which could result from injuries received while participating in the 2019 Summer Camp. In the event of an emergency, the following person is authorized to act on my behalf if I cannot be reached.

**Emergency Contact Information**

- Name & Relationship: ____________________________
- Phone Number: ____________________________
- Any Known Allergies? ____________________________

**Signed:** __________________________ Date:________