

## APPLICATION FOR GREG NORMAN CHAMPIONS GOLF ACADEMY

Applicant: Please complete application in full & return to GNCGA along with a \$75 nonrefundable application processing fee and a recent passport size photo.

Today's Date:	Program to Enroll:		
	tes of Enrollment: rding or Non-Bo		
	PERSONAL INFO	RMATION	
First Name	Middle Name	Family Name	-
	Home Address		_
 State/Province	Country	Zip/Postal Code	City,
Home Telephone (include country,	city & area codes) Home Fa	ax (include country, city & area codes)	- )
Email Address:		ed By:(Specific person/magazine/Web site/ad/other)	-
Date of Birth:/	_/Age:	_ Male or Female	
What languages do you speak? _		Are you fluent? Yes or No	
Country of Origin	Passnoi	rt Numher	



## **FAMILY INFORMATION**

Parent/Guardian (Father)	Parent/Guardian (Mother)		
Father's Name:	Mother's Name:	<del></del>	
Home Address: Home Address:			
City, State, Zip:	City, State, Zip:		
Country:	Country:		
Home Phone:	Home Phone:		
Mobile Phone:			
FAX #:	FAX #:		
Email Address:	Email Address:		
Employer:	Employer:		
Business Address:	Business Address:	<del></del>	
City, State, Zip:	City, State, Zip:		
Country:	Country:	<del></del>	
Position/Occupation:	Position/Occupation:	Business	
Phone/FAX:	Business Phone/FAX:		
Name:	lete the information below, please attach additional pages)		
OBJECTIVES: List two short-term §	goals and two long-term goals. Please be specific.		
Short-Term:			
Long-Term:			



WHY ARE YOU APPLYING TO GNCGA'S PROGRAM? WHAT DO YOU HOPE TO GAIN?
DESCRIBE HOW YOU FIRST BECAME INVOLVED WITH GOLF.
DESCRIBE YOUR AMATEUR GOLF CAREER, INCLUDING RANKING, HANDICAP & TOURNAMENT STATS. (You may submit a resume with your application)
DESCRIBE YOURSELF AS A PERSON, INCLUDING YOUR STRENGTHS & AREAS OF OPPORTUNITY FOR IMPROVEMENT.