



## APPLICATION FOR GREG NORMAN CHAMPIONS GOLFACADEMY

*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: \_\_\_\_\_ Desired Dates of Enrollment: \_\_\_\_\_  
Boarding or Non-Boarding

### PERSONAL INFORMATION

\_\_\_\_\_  
First Name Middle Name Family Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State/Province Country Zip/Postal Code

\_\_\_\_\_  
Home Telephone (include country, city & area codes) Home Fax (include country, city & area codes)

Email Address: \_\_\_\_\_ Referred 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: \_\_\_\_\_ Passport Number \_\_\_\_\_

### FAMILY INFORMATION

#### Parent/Guardian (Father)

Father's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

#### Parent/Guardian (Mother)

Mother's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_

P.O. Box 50484  
Myrtle Beach, South Carolina  
USA, 29579

Tel. 843 3991551  
Fax. 843 3991558  
Cell. 843 4505647



Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Country: \_\_\_\_\_  
Position/Occupation: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_  
Business Phone/FAX: \_\_\_\_\_ Business Phone/FAX: \_\_\_\_\_

**APPLICATION FOR GREG NORMAN CHAMPIONS GOLF ACADEMY  
(Pg 2)**

Name: \_\_\_\_\_  
*(Note: If you need more space to complete 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)*  
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DESCRIBE YOURSELF AS A PERSON, INCLUDING YOUR STRENGTHS & AREAS OF OPPORTUNITY FOR IMPROVEMENT.

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