Heatherwoode Golf Club Elite Junior Golf Academy Application

***To be filled out by the player**

Parent Contact: Name_____

Phone: _____

Email: _____

First and Last Name _____

School District/Grade Level _____

Handicap or Scoring Range _____

Tournament Experience (if Applicable): _____

Level of Playing Experience (Years) _____

What Areas of Your Game Are the Strongest?

- o Short Game/Wedge Play (25-100 Yards to Green)
- o Putting
- o Course Management
- o Irons/Woods
- o Mental Strength
- o Other (Please Explain)

What Areas of Your Game Need the Most Improvement?

_____

_____

What is Your 1 Year Goal for Your Golf Game? _____

How Committed Are You to Achieving Your Goal? (Circle One)

1 2 3 4 5 6 7 8 9 10

How Many Hours Per Week Can You Dedicate to Practicing? _____

What Are Your Long-Term Goals with Golf? _____

_____

Do You Currently Currently Take Lessons? If Yes, List Instructor? _____