

MTT ACADEMY - ENROLLMENT APPLICATION

Date: _____

First Name: _____ Last Name: _____

Age: _____ City: _____ State: _____

Email: _____ Phone: _____

School: _____ GPA: _____

Other Activities/Sports: _____

USGA Handicap: _____ # Of Tournament Victories: _____

Low Tournament Score: _____ Planning On College Golf? Yes No

Top 5 Colleges of Interest:

1. _____ 2. _____

3. _____ 4. _____

5. _____

Have you experienced training in: (circle yes)

Mindset Fitness Nutrition College Prep

Parent Contact Information:

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Program Requirements:

13-18

13.5 USGA Handicap or Lower

I'm Interested In: (circle below)

3 Month Training Modules

Commuter Schools