



# PEAK ACADEMY APPLICATION FORM

Interested in joining our Peak Academy?

*Please fill out all sections below and this form will be reviewed by our Professional Staff.*

## Peak Academy Form

Players Name: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_

Street: \_\_\_\_\_ Postal: \_\_\_\_\_

Mothers Phone: \_\_\_\_\_ Fathers Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

How many years have you been playing?:  
\_\_\_\_\_

How many formal lessons have you taken?:  
\_\_\_\_\_

Name of past instructor/coach?: \_\_\_\_\_

Tournament experience and/or accomplishments?:  
\_\_\_\_\_

What are your long-term golf career goals?:  
\_\_\_\_\_  
\_\_\_\_\_

Once this form is complete, please email it to  
[info@peakperformgolf.com](mailto:info@peakperformgolf.com)

Please contact us if you have any questions!

Phone: 905-760-2522

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