Rotella-Fedder Academy SUMMIT Program Application

For Junior Golfers Ages 14–18

Thank you for your interest in the R/F Summit program. This application helps us understand your goals, tournament background, commitment level, and overall fit for our program. Golfers in the Summit program are competing in multi-day tournaments and shooting in the 70s or better.

Please complete all sections thoroughly, then return to bill@theclubatglenmore.com.

Applicant Information

Name: _____

Date of Birth (MM/DD/YYYY): _____

School & Grade: _____

Email: _____

Phone: _____

Parent/Guardian Name(s): _____

Parent Email: _____

Parent Phone: _____

Golf Experience

1. **How long have you been playing golf?**

2. **Current GHIN / Handicap Index (if applicable):**

3. **Do you currently work with a golf coach? If so, who?**

4. **What are your biggest strengths as a golfer?**

5. **What areas of your game need the most improvement?**

Tournament Background

6. **How many tournaments did you play in during the past 12 months?**

7. **List 3–5 events you played in (or plan to play in) this year:**
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    -
    -
    -
    -

8. **What are your tournament goals for the next 12 months?**

Training Commitment

9. **Why do you want to join the R/F Summit Program?**

10. **Our program requires athletes to attend weekly private lessons, workouts, and regularly compete in tournament. Are you able to commit to this schedule?**

- ◯ Yes
- ◯ No
- ◯ Unsure (explain):

11. **Do you participate in other sports or activities that may affect your schedule?**

Mindset & Goals

12. **What are you hoping to gain from working with Coach Bill, Bryan Esherick, and Dr. Rotella?**

13. **Describe a recent challenge in golf and how you overcame it:**

14. **What are your long-term goals in golf (high school, college, tournaments, etc.)?**

Parental Input

15. **Why do you believe this program is a good fit for your child?**

16. **Are you able to support your child's tournament schedule and travel as needed?**

- ◯ Yes
- ◯ No
- ◯ Unsure (explain):

Acknowledgment

By submitting this application, you acknowledge that acceptance into the R/F Summit Program is not guaranteed. If accepted, a deposit will be required to secure your spot.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Thank you for applying to the R/F Summit Program. We will review your application and follow up with next steps.