

golf APPLICATION

Summer@TAFT GOLF INSTRUCTION PROGRAM

THE TAFT SCHOOL, WATERTOWN, CONNECTICUT 06795

APPLICANT: _____
FIRST NAME MIDDLE NAME LAST NAME
Home address _____
STREET CITY STATE ZIP COUNTRY
Date of birth ___/___/___ Male Female Nonbinary Present grade _____ Email _____
M D Y

ARE YOU APPLYING AT THE TAFT SUMMER SCHOOL AS A

- Part-time or
 Full-time student?

GOLF SESSION TO WHICH YOU ARE APPLYING:

- Session A: June 27 to July 8, 2022—\$650*
 Session B: July 11 to July 22, 2022—\$650*

PARENT 1: _____
TITLE FIRST NAME LAST NAME
Address _____
(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP COUNTRY
Home phone _____ Business phone _____ Cell phone _____
Email _____

PARENT 2: _____
TITLE FIRST NAME LAST NAME
Address _____
(IF DIFFERENT THAN ABOVE) STREET CITY STATE ZIP COUNTRY
Home phone _____ Business phone _____ Cell phone _____
Email _____

ELIGIBILITY: Must be enrolled in the Taft Summer School's academic program. Letter of recommendation from golf professional, instructor, or coach. Must be able to provide a USGA certified handicap index of: 16.5 (Boys), 23.2 (Girls)

ENROLLMENT: Enrollment is limited to 10 participants per session and applications are subject to review and approval by Peter Seaman's golf shop. Participants must bring their own set of clubs.

SUBMIT YOUR COMPLETED GOLF APPLICATION TO:

Summer School Admissions
The Taft School
110 Woodbury Road
Watertown, CT 06795

Email: Send a secure email through taftschooleapfile.net
Fax: 860-945-7859

**Payment is due upon enrollment to the academic program.*