



Grande Sports Academy

12684 W Gila Bend Highway
Casa Grande AZ 85193 U.S.A

Toll Free Long Distance: (877) 909-9777 or Local Telephone: (520) 381-8111.

The Academy Application Form is to be completed by Parent/Guardian.

Please return form with a passport-size photograph to:

Email: info@grandesports.com

or

**Grande Sports Academy
Admissions Department
12684 West Gila Bend Highway
Casa Grande AZ 85193
U.S.A.**

Grande Sports Academy will contact Parent/Guardian for a telephone interview and a camp tryout. We recommend that all prospective students visit the Academy for a personal interview. During this visit, you will have the opportunity to meet the coaches, view the sports facility, the student housing, the hotel and golf resort, and visit the academic schools.

Grande Sports Academy
Application Form, Family/Guardian Information
Please complete all 3 pages (print clearly)

Student's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____
Month/Day/Year

Home Address: _____

City: _____ State: _____ Zip: _____

Country: _____

For all Phone Numbers List Country Code, City/Area Code then Phone Number:

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Emergency Contact Name _____ Relationship to you: _____

Emergency Contact Phone: _____

2nd Emergency Contact Name _____ Relationship to you: _____

Emergency Contact Phone: _____

I am applying for the period starting from _____ to _____
Month/Day/Year Month/Day/Year

I was referred by (specify person, website, ad, magazine or other): _____

Applicant's Family Information

Student's Name: _____

Father or Guardian Last Name: _____ First Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Country: _____

For all Phone Numbers List Country Code, City/Area Code then Phone Number:

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

Employer: _____ Business Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Mother or Guardian Last Name: _____ First Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Country: _____

For all Phone Numbers List Country Code, City/Area Code then Phone Number:

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

Employer: _____ Business Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Participants Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

STUDENT'S NAME:

Details of your Education:

Check off type of school: Public _____ Independent (Charter) _____ Private _____
Parochial _____

Name of your Present School:

School Address:

City: _____ State: _____ Zip Code: _____

Country:

Phone:

Current Grade Level: _____ Current Grade Point Average: _____

Dates of Attendance at your present school: _____

From: Month/Day/Year

To: Month/Day/Year

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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