



Welcome to the Golf Performance Institute!

We are very excited to work with you on achieving your goals in your golf game! We believe in an integrative approach at our academy and our mission is to help you pursue excellence. We aim to create not only elite golfers, but hard working, self-sufficient, respectful, independent individuals. Trust the process and remember that it is a marathon, not a sprint.

Only if you want to be better!

Mike Schy
Founder and CEO

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Location: Dragonfly Golf Club

43369 Ave 12, Madera, CA, 93636

In the academy, you have access to all of the following:

- **Supervised Practice** which is a period throughout the day where you can hit unlimited golf balls with the supervision of one of our instructors to assist with any needs.
- **Flight Scopes** that allow you to see your distances and shot data for every club in the bag.
- **Golf Robot** is an automated robot that helps you get into the proper movements and positions in the golf swing. We are fortunate to own one of three in California.
- **High Definition Golf Simulator** also allows you to see your distances and shot data for every swing. Also allows you to play the top premier courses around the world. The simulator has a camera that faces down the line and face-on to show all angles of the swing.
- **V1 Pro HD Camera** which is provided on all monitors to record your swing.
- **Golf Training Aids** which are all included in the academy to help improve your swing.

The academy has numerous luxuries to help bring you and your game to the next level.

Chase Perfection. Catch Excellence.

Sign Up Below!

Student Information

Name: _____

Age: _____ Handicap: _____ Gender: _____

Phone Number: _____

Email Address: _____

School Attending: _____

Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notification from us at least 10 days prior to the payment being collected.

I _____ authorize The Institute of Athletic Perfection to charge my credit card indicated below for \$230 on the first of each month.

Billing Information and Card Details

Billing Address: _____

Visa Mastercard Discover American Express

Cardholder Name: _____

Account/CC Number:

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Expiration Date: _____

CVV: _____

Zip Code: _____

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify The Institute of Athletic Perfection in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of Credit Card transactions to my account must comply with the provision of the U.S. Law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Date: _____

Thank you!

We are excited for you to join us and have us part of your
journey.

Please let us know if you have any questions or concerns!

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