

Title:	Name:	Date:
Address:		
Post Code:		
Tel:		E Mail:
Any current injuries that may restrict movements?		
Signature to confirm that you undertake the lesson under your own risk, There is a 48 hr cancellation policy and 6 month expiry on lesson courses		
Signature:.....		Date:.....
Golfing Goals:		



Left or Right How long have you been playing?

What is your current Handicap?
How often do you play?
How often do you practice Daily, Weekly, Weekends, Infrequently, Never, Other
Do you use skills tests to monitor progress?
Have you had golf lessons before? Yes No
Name of previous coach:
Where did you have lessons?
What is your natural shape of shot?
If you hit a bad shot is it: Thin, Heavy, High, low, Right, left , other
Do you take large divots:
Areas to work on:
Golf Swing Pitching Chipping Putting Bunkers
Mental aspect Fitness