

GOLF SURVEY SHEET



NAME

EMAIL

MOBILE NUMBER

STUDENT TO COMPLETE

DO YOU CONSIDER YOURSELF, OR ARE YOU A, (PLEASE TICK ✓)

Beginner (no handicap)..... Recreational (no handicap)..... Intermediate (above 20 handicap)
 Average (10-20 handicap)..... Good (3-10 handicap)..... Scratch (2 handicap and below).....

AVERAGE 9 HOLE SCORE.....

AVERAGE DISTANCE FOR THE FOLLOWING CLUBS

DRIVER..... FAVOURITE CLUB..... #7 IRON..... #9 IRON.....

TYPICAL BALL FLIGHT (Tick all that apply)

LOW..... HIGH..... STRAIGHT..... WHATEVER HAPPENED, HAPPENS ON THE DAY.....
 HOOK..... DRAW..... SLICE..... FADED.....

YOUR GOAL FOR THE SESSIONS: BY THE END OF MY LESSONS, I WOULD LIKE TO BE ABLE TO

FOR THE COACH TO COMPLETE

LESSON DATES

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SWING THOUGHTS: _____
