

Golf Tuition Form

Name: _____

Address: _____
Post Code: _____

Phone Numbers:

(Home): _____ (Work): _____
(Mobile): _____ (Fax): _____

Email: _____

Golf History:

How long have you been playing golf ? _____
Handicap or average score (18 holes)?: _____
How much tuition have you experienced?: _____
Best part of game?: _____
Worst part of game?: _____
Most like to achieve?: _____

Do you have any **medical conditions** that might affect your golf?: _____
If yes, what are they: _____

Background:

Play golf left handed / right handed (please circle)
Throw left handed / right handed (please circle)
Other sporting activities:
Present - _____
Past - _____

Equipment:

Brand(s): _____
Clubs in set (ie driver 9 degrees, 3 wood 3,4,5,6,7,8,9, PW, SW, Lob, W): _____
Putter: _____
Best club for you: _____
Worst club for you: _____

Please write a paragraph about what you feel, hear or see when you hit a golf shot:

Please write a paragraph about what you believe about a good golf swing:

