Name: Phone:

Address:

Email: Age: Occupation:

About your game:

Handicap? Average Score? Average Rounds/mo? Years playing golf?

Do you play for? (check all that apply) [ ]  Fun [ ]  Leagues [ ]  Tournaments

Strengths: [ ] Driving [ ] Long Irons [ ] Mid-Irons [ ] Short Irons [ ] Putting

Weaknesses: [ ] Driving [ ] Long Irons [ ] Mid-Irons [ ] Short Irons [ ] Putting

Typical Ball Flight: [ ] Slice [ ] Fade [ ] Straight [ ] Draw [ ] Hook

Typical Miss: [ ] Fat [ ] Thin [ ] Slice [ ] Hook [ ] Left [ ] Right [ ] Toe [ ] Heel

How far do you carry your driver? [ ] <200 [ ] 201-225 [ ] 226-250 [ ] 251-275 [ ] > 275 [ ] IDK

What Iron do you hit for a 150yd shot?

About your goals:

What area(s) are you looking to improve? (check all that apply)

 [ ] Driver [ ] Fairway woods [ ] Long Irons [ ] Mid Irons [ ] Short Irons [ ] Pitching

 [ ] Chipping [ ] Putting [ ] Bunkers [ ]  Working the ball [ ] Specialty Shots

 [ ] Course Management

How many days per week do you currently practice? [ ] 0 [ ] 1-3 [ ] >3

Do you practice with a plan?

Goal for this lesson?

Goal for the future?

Have you been professionally fitted?

What’s your learning style?

 [ ] Visual – Prefer images, video [ ] Verbal – speech & writing [ ] Physical – Hands on

Any physical limitations?

Email completed form to: 6sigmagolfrx@protonmail.com