

LPGA GOLF 101

Golf for women, from LPGA Teachers

New Student Survey

Full Name: _____

Phone: _____ Email: _____

How would you describe your physical condition? _____

Please list any physical limitations. (i.e. heart conditions, surgeries, replacements, etc.)

Righty or Lefty? _____

Have you taken lessons before? YES NO

If so, how often? _____

How many times have you played on a golf course?

Handicap or average score?

Please list any other sports you've played.

How much do you intend to practice per week?

Goal for the program?

