PRE LESSONS QUESTIONNAIRE

Please print, fill out, And bring to your first lesson

Students are asked to fill out this questionnaire prior to arrival to assist instructors with developing an individual program for each student.

Name: _____

E Mail Address: _____

Mailing Address:_____

City:_____ St.:_____Zip:_____

Phone Number:(____) _____

Date of initial lesson:_____

Present handicap: _____

Have you ever taken golf lessons before?_____

If yes, what type: Private [ ] Group [ ] Golf School [ ]

What is the name of your home course?:_____

What is your greatest golf accomplishment?

Are you: Right handed [ ] Left handed [ ]

Best round played in last 30 days? _____

What part of your game comes easiest to you? _____

What is the weakest part of your game?_____

How often do you practice and/or play (hours per week)? _____

Do you have any physical limitations. _____

If yes, please explain?

Do you normally warm up prior to playing/practicing?_____

If so, for how long? _____

How would you describe your physical condition?

Select One

Good Medium Poor

Which tour professional do you like the most and why? _____

Do you consider yourself a "mechanical" [ ] or "feel" [ ] player:

Do you enjoy participating in competition? _____

What specifically do you hope to gain from your lesson?

Please define your specific goals for your golf game:

Please define your short-term goals:

How did you hear about us and what made you decide on coming to Sun Dance Golf Course?

Additional comments or information you would like your instructor to know:

Thank You for taking the time to fill out this questionnaire.
This form will help the instructor create a personalized lesson package for you.