



How to get going

Please complete this form

Personal details

Name

Address

Phone number

Email address

Golf experience

Current status

Beginner, high handicap player etc

Current handicap

Are you committed

To improve your ability to play golf? YES/NO*

Why do you wish to improve

Do you belong to a golf club?

If so, which one. YES/NO*
Name of club

Do you have any health issues

That I should know that will impact upon your ability to play golf
YES/NO

How many hours do you exercise

Each day week, month
What type of exercise do you do specify

Name

Sign

Date

* Circle