

**CLIENT PROFILE:**



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: cell# \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ HDC: \_\_\_\_\_

Beginner:  yes  no

If "yes", why are you interested in learning to play the game of golf?

\_\_\_\_\_  
\_\_\_\_\_

Frequency of play: \_\_\_\_\_ Times per week or \_\_\_\_\_ times per month.

Golf strengths: \_\_\_\_\_ Golf weakness: \_\_\_\_\_



Any physical limitations: \_\_\_\_\_

Sports/Activity history: \_\_\_\_\_

Other areas of interest: \_\_\_\_\_

"In the game of golf I would like to... \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Instructor Notes:*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_