



SLOBO GOLF ACADEMY

STUDENT PROFILE

DATE _____ NAME _____ SEX _____ AGE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL _____ OFFICE _____

EMAIL _____

NUMBER OF YEARS PLAYED _____ RANGE OF SCORE/HANDICAP _____ LOWEST SCORE _____

HOW OFTEN DO YOU PLAY _____ HOW OFTEN DO YOU PRACTICE _____ PREVIOUS LESSONS _____

WHAT PART OF YOUR GAME ARE YOU WORKING ON _____

GAME STRENGTHS _____

GAME WEAKNESS _____

GOLF BALL FLIGHT TENDENCIES _____

WHAT KIND OF BALL FLIGHT WOULD YOU LIKE _____

DESCRIBE YOUR DIVOT PATTERN _____ FACE CONTACT IS MORE ON THE TOE OR HEEL (CIRCLE ONE)

PHYSICAL LIMITATIONS _____

ANY PAIN WHEN YOU SWING _____

SHORT TERM GOALS _____

_____ TIME TO REACH _____

LONG TERM GOALS _____

_____ TIME TO REACH _____

WHAT BROUGHT YOU TO ME FOR LESSONS _____

PRINTOUT FORM, THEN FILL OUT FOR SLOBO