



Student Questionnaire

Name: _____ Birthday: _____

Email: _____ Phone: _____

Address: _____

Occupation: _____

Injuries: _____ Date: _____

Surgeries: _____ Date: _____

Years played:

Had Golf Instruction in the Past? When?

Best part of your game:

Worst part of your game:

Favorite part of your game and why?:

Least favorite part of your game and why?:

Best 18-hole score:
Handicap or Average Score:
Golf Goals:

Do you play any other sports?:

Most memorable golf moment:

Most influential person in your golf life:

Self Evaluation: (Circle one: 1=poor, 10=excellent)

Putting: 1 2 3 4 5 6 7 8 9 10

Chipping: 1 2 3 4 5 6 7 8 9 10

Pitching: 1 2 3 4 5 6 7 8 9 10

Short Irons: 1 2 3 4 5 6 7 8 9 10

Long Irons: 1 2 3 4 5 6 7 8 9 10

Fairway Woods: 1 2 3 4 5 6 7 8 9 10

Driver: 1 2 3 4 5 6 7 8 9 10

Course Management: 1 2 3 4 5 6 7 8 9 10

Mentality (Neg/Pos): 1 2 3 4 5 6 7 8 9 10

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Signature _____ Date: _____

