

## PLAYER PROFILE

FIRST NAME:	LAST NAME:
ADDRESS:	HOME TEL:
	MOBILE:
	EMAIL:
	D.O.B:
HOME CLUB:	HANDICAP:
OTHER SPORTS PLAYED:	STANDARD:
WHAT HOBBIES DO YOU HAVE:	
NATURALLY LEFT HANDED <input type="checkbox"/> NATURALLY RIGHT HANDED <input type="checkbox"/> PLAYS GOLF LEFT HANDED <input type="checkbox"/> PLAYS GOLF RIGHT HANDED <input type="checkbox"/>	
HOW LONG HAVE YOU PLAYED GOLF?	
HOW OFTEN DO YOU PLAY? 2-3 P/W <input type="checkbox"/> WEEKLY <input type="checkbox"/> 2-3 P/M <input type="checkbox"/> MONTHLY <input type="checkbox"/> LESS OFTEN <input type="checkbox"/>	
HOW OFTEN DO YOU HAVE A ONE-TO-ONE LESSON? TWICE A MONTH <input type="checkbox"/> ONCE A MONTH <input type="checkbox"/> LESS THAN ONCE A MONTH <input type="checkbox"/> YEARLY <input type="checkbox"/>	
WHEN WAS YOUR LAST LESSON?	WHO WITH?
HOW OFTEN DO YOU PRACTICE? DAILY <input type="checkbox"/> 2-3 P/W <input type="checkbox"/> WEEKLY <input type="checkbox"/> 2-3 P/M <input type="checkbox"/> MONTHLY <input type="checkbox"/> NEVER <input type="checkbox"/>	
HOW AND WHAT DO YOU PRACTICE?	
HOW DO YOU BELIEVE YOU LEARN THE MOST EFFECTIVELY?	
SEEING <input type="checkbox"/> HEARING <input type="checkbox"/> FEELING <input type="checkbox"/> READING/ANALYSING <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	

WHAT ARE YOUR BELIEFS ABOUT YOUR GOLF SWING?

HOW DO YOU RATE YOUR ABILITY IN THE FOLLOWING AREAS? (1 = POOR 5 = EXCELLENT)

PUTTING	1	2	3	4	5	LONG IRONS	1	2	3	4	5
CHIPPING	1	2	3	4	5	DRIVING	1	2	3	4	5
PITCHING	1	2	3	4	5	ESCAPE SHOTS	1	2	3	4	5
BUNKERS	1	2	3	4	5	ON COURSE SCORING	1	2	3	4	5
SHORT IRONS	1	2	3	4	5	PRE SHOT ROUTINE	1	2	3	4	5

HOW WOULD YOU DESCRIBE YOUR BALL FLIGHT WITH THE FOLLOWING CLUBS USING A FULL SWING? WHERE DOES THE BALL START AND FINISH?

CLUB	START LINE	FINISH
9 IRON		
5 IRON		
5 WOOD		
DRIVER		

WHAT IS YOUR MOST DESTRUCTIVE SHOT?

WHAT IS YOUR BEST SHOT?

WHAT PART OF YOUR GAME WOULD YOU LIKE MOST HELP WITH?

DO YOU HAVE ANY GOALS OR AMBITIONS?

COACH'S COMMENTS: