



STUDENT PROFILE



NAME _____ SEX (circle) **M** **F** AGE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL _____

EMAIL _____

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

HOW OFTEN DO YOU PLAY _____ HOW OFTEN DO YOU PRACTICE _____ PREVIOUS LESSONS **Y** **N**

WHAT PART OF THE GAME ARE YOU WORKING ON _____

GAME STRENGTHS _____

GAME WEAKNESSES _____

GOLF BALL FLIGHT TENDENCIES (*FADE, DRAW, LOW, HIGH*) _____

WHAT KIND OF BALL FLIGHT DO YOU LIKE _____

DESCRIBE YOUR DIVOT PATTERN (*DEEP, SHALLOW, MINIMAL*) _____ FACE CONTACT **TOE** **OR** **HEEL**

PHYSICAL LIMITATIONS _____

ANY PAIN WHEN YOU SWING _____

SHORT TERM GOALS _____

LONG TERM GOALS _____

WHAT BROUGHT YOU TO ME _____

PLEASE FILL THIS FORM OUT AND RETURN TO TREY PRIDGEN