

GOLF QUESTIONNAIRE

To complete and return to Exsportise Ltd by email at admin@exsportise.co.uk

Child's Name:	Booking Number:
Course dates	
From	To

EXPERIENCE		
Years / Months of golf experience:	Years:	Months:
At what age did your child start playing golf?		
Is your child:	Right handed	Left handed
Golf rounds played each year:	Handicap Index:	
Is your child a member of a golf club?	Yes	No
If Yes, name of golf club:		
Please give an indication of your child's level of golf		
Beginner (no experience or been on the driving range a few times)	Intermediate (Handicap 28 or above, plays golf occasionally)	Advanced (Handicap of 28 or below)
Strengths of your child's golf game:		
Weaknesses of your child's golf game:		
Specific area(s) of your child's game he/she would like to improve:		
Any medical condition or injuries we need to be aware of?		
Will your child bring his own golf clubs/bag?	Yes	No

PARENT'S / GUARDIAN'S SIGNATURE	
Signature	
Print Name:	Date: