First Lesson Form

Please fill out this form and bring it to your first lesson

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you played golf?

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What are some 1-year goals you have with golf?

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What are some 5-year goals you have with golf?

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What is the main purpose of taking lessons? (Improve swing, score better, have fun with my partner, etc.)

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How often would you like lessons? (Once a week, once a month, etc.)

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