



Val Patrick - LPGA Golf Instructor & Coach
 New Rules Golf Instruction Program
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Student Information Sheet

Name _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____ Phone (____) _____ - _____ (M)

Phone (____) _____ - _____ (W)

E-mail Address _____ Phone (____) _____ - _____ (H)

Employer/ Business _____ How long playing golf? _____

New to the game _____ High handicap _____ Intermediate _____ Low handicap _____

Current handicap _____ Average score _____ Handicap goal _____ Best round _____

Have you had instruction? _____ If yes, what did you learn _____

Usually play at _____

Main reasons for taking lessons _____

Do you have any medical problems that could be aggravated or affected by practicing golf?

If yes, please explain _____

OFFICE USE ONLY	
Registration fee	_____
Group lessons	_____
Individual lessons	_____
Other	_____
Total	_____
Deposit	_____
Balance	_____

How did you hear about us?	
Television _____	Radio _____
Newspaper _____	Referral _____
Other _____	
I was referred by _____	
I would like to refer: (Name and Phone number)	
1)	_____
2)	_____
3)	_____
Signed _____	
Date ____ / ____ / ____	
(Parent must sign if under 18 years of age)	
Accepted _____	
Date _____	

