



# 2010 Willow Brook Women's Golf School



August 17-19 (9:00-1:00)

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Skill Level (circle one): No Experience / Beginner / Intermediate / Advanced

Do you have any on course experience? Yes / No

Handicap (or average score): \_\_\_\_\_

Have you ever had formal golf instruction? Yes / No

What are your objectives for participating in golf school?

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

Do you have any physical limitations (e.g., back, neck, or shoulder issues?). This information will help the teaching staff create a swing for you that is most congruent with *your* body.

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