



Green Report

Please complete this form prior to your first visit.

Customer Information

| | | |
|------------------|-------------------|------------------------------|
| | | |
| First Name _____ | | Last Name _____ |
| Address _____ | | City _____ |
| Province _____ | Postal Code _____ | E-mail Address _____ |
| Home Phone _____ | | Business or Cell Phone _____ |

Background Information

| | | |
|--|--------------|----------------------|
| Gender: | M | F |
| Play: | Right-handed | Left Handed |
| Putt: | Right-handed | Left-Handed |
| Have you been fitted for clubs before? | Y | N |
| If yes, where? | _____ | |
| Current Handicap: | _____ | Scoring Range: _____ |
| Handicap Last Year: | _____ | Lowest ever: _____ |
| Practice Time/Week: | _____ | |
| Home Course: | _____ | |
| Do you have a regular instructor? | Y | N |
| Rounds per year: | _____ | |
| Game Strengths: | _____ | |
| Game Weaknesses: | _____ | |
| Favourite Club: | _____ | |
| Least Favourite Club: | _____ | |
| Iron you loose confidence at: | _____ | |

Background Information Continued

| | | |
|---|---|---|
| Please describe any physical limitations that we should be aware of: | | |
| | | |
| On a scale of 1 to 5, where 5 is very flexible, how flexible are you? _____ | | |
| Do you usually wear a glove when golfing? | Y | N |
| Do you wear glasses or contact lenses? | Y | N |
| Do you have a dominant eye? If so, which one? | L | R |
| What other sports or activities do you enjoy? | | |
| | | |

What are your goals with respect to your golf game over the next 12 months?

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Bring completed form to your first visit or, even better, fax it to us in advance at: 604.904.3637