



Golf Lesson Consultation Form

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Client to complete:

Date	First Name	Family Name	Phone	Email
Lowest Handicap	Current Handicap	Handicap Goal	Best Score	Occupation
Other Sports Played			Any Ailments	
Your Golf Goals			Ever Had Lessons (if yes how many, where and with whom?)	

Competency Self-Assessment



Aspect	Rating out of 10	Description
Putting		
Chipping		
Pitching 10–60m		
Bunkers		
Irons		
Hybrids / Fairway woods		
Driver		
Mindset		
Fitness		
Course Mgt.		
Frustration		

What do you want from this lesson

Coach or Instructor to complete:

Preparation		Pivot Motion	
Aspect	Rating out of 10	Aspect	Rating out of 10
Feet		Hip Rotation	
Knees		Shoulder Rotation	
Hips		Weight Shift Back	
Shoulders		Weight Shift Down	
Forearms		Finish Position	
Eyes (focal points)		Club Position	
Clubface		Hip-high Back	
Grip		Shoulder High Back	
Posture		Top of Swing	
Ball Position		Start Down	
Hand Position		Delivery Position	
		Impact Position	
		Hip-High Through	
		Finish	

Coach / Instructor Feedback (about skills, technique, mindset and approach)

Suggested Drills	Recommended Lessons, Clinics or On-course Tuition