

@mikey.golf Online Instruction Questionnaire



Name: _____

Age: _____ **Handicap/Avg Score:** _____

E-Mail: _____

How much time REALISTICALLY do you have to practice in a week?

Any prior instruction? _____

If yes, is there anything you're working on currently?

What do you struggle with the most?

Full Swing:

Short Game:

Putting:

