
GOLFER PROFILE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

CLUB (Check All that Apply):

- Old Marsh Penobscot Valley Sunday River Freeport
 Other _____ None

CATEGORY (Check One):

- Junior Men Ladies

GOLF EXPERIENCE (Check All that Apply):

- Beginner Intermediate Advanced
 On Golf Team Play Competitively Taken Lessons
 Need Clubs

AVERAGE ROUNDS PLAYED PER YEAR (Check One):

- 1-15 16-30 30+

GOLFER INFORMATION

Age: _____ Height: _____ Weight (optional): _____

Shoe Size: _____ Glove Size: _____ Left-handed Right-handed

Optimal time of day for clinic attendance (Check one):

- Weekday Mornings Weekend Mornings Weekday Afternoons Weekend Afternoons

Preferred Ball (Check one):

- Titleist Callaway Nike Top Flite Precept Bridgestone Other: _____

RETURN COMPLETED FORM TO: HARRIS GOLF, 90 CARRIAGE HOUSE LANE BATH ME 0453

PHONE: (207) 442-8725 FAX: (207) 442-8728 E-MAIL: info@harrisgolfonline.com

"A LIFETIME OF LEARNING... THE GAME OF A LIFETIME"