



GolfLessonSheffield.co.uk

Hillsborough Golf Club
Worrall Road
Sheffield
S6 4BE
0114 234 9151 (option 4)

New Student Form

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Email: _____

Phone: _____

Employer/Business: _____

Current handicap: _____ Average score: _____

Current club: _____

Handicap goal: _____

Main reasons for taking lessons: _____

How did you hear about us: Website ☐ Facebook ☐ Twitter ☐ YouTube ☐
Blog ☐ Google search ☐ Referral ☐

Other ☐ _____

Do you have any medical problems that could be aggravated or affected by playing or practicing golf? No ☐ Yes ☐

If Yes, please list: _____

I recognise the inherent dangers of golf practice areas and accept full responsibility for my own health and safety while on the premises.

Signed: _____ Date: _____

(Parents must sign if under 18 years of age)



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The  of golf®