

# **Augusta State Men's Golf Questionnaire**



## **PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## **ACADEMIC INFORMATION**

School \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Graduation (year) \_\_\_\_\_ Degree desired in college \_\_\_\_\_ GPA \_\_\_\_\_

College Board results (SAT) \_\_\_\_\_ ACT Score (if applicable) \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Office Phone \_\_\_\_\_

## **GOLF INFORMATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ R or L handed \_\_\_\_\_

Handicap Index \_\_\_\_\_

Home Course/Club \_\_\_\_\_

Club Professional \_\_\_\_\_ Phone \_\_\_\_\_

Golf Instructor \_\_\_\_\_ Phone \_\_\_\_\_

Tournament Accomplishments/Honors \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Print This Form Out and Fax to Head Men's Golf Coach Josh Gregory at 706-729-2434**