

Augusta State Women'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 Kevin McPherson at 706-729-2434