

Augusta State Women's Golf Questionnaire



PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ SSN _____

Name of Parent or Guardian _____

E-mail Address _____

ACADEMIC INFORMATION

School _____

School Address _____

City _____ State _____ Zip _____

Date of Graduation (year) _____ Degree desired in college _____

Grade point average _____ College Board results (SAT) _____

ACT Score (if applicable) _____

Guidance Counselor _____ Office Phone _____

GOLF INFORMATION

Height _____ Weight _____ Right or Left Handed _____

Handicap Index _____

Home Course/Club _____

Club Professional _____ Phone Number _____

Golf Instructor _____ Phone Number _____

Tournament Accomplishments/Honors _____

Print This Form Out and Fax to Women's Golf Coach Laura Coble at 706-729-2434