



SISTERS WHO SWING - 2010 GOLF SEASON
QUESTIONNAIRE and INFORMATION SHEET



First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ Unit: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Email: _____
 Telephone: Home _____ Cell _____ Office _____
 Birthday: Month/Day (year optional) _____
 Do you belong to any other golf club? _____ If so, club name _____
 Are you retired? _____

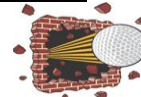
In case of emergency when on the golf course or an outing with SWS whom shall we contact:

Name: _____ Contact #: _____ Relationship: _____

FUN



FUN



FUN

SWS Golf Club is a club that strives to foster women's interest in playing the game of golf. Whether it is for social, competitive or cooperative outings of play. To help serve you better as a club, please fill in the following questionnaire.

Please mark by circling or highlighting the best answer available:

- Are you a social golfer, competitive golfer or both social and competitive golfer? Social Competitive Both
- What area would you more likely participate in?

Social Golfing	25%	50%	75%	100%
Competitive Golfing	25%	50%	75%	100%
- Would you participate in match play? YES NO
 Would you prefer to play Singles, Partners or Both? SINGLES PARTNERS BOTH
- Do you enjoy playing in tournaments? YES NO
 Do you prefer singles, partners or team events? SINGLES PARTNERS TEAMS ALL
- Do you presently have a handicap? YES NO
- What is your current handicap range? under 18 19 -25 26-30 31-35 35 and above
- Would you like to see a program established in the club that would help lower your handicap? YES NO
- Would you participate in group lessons or clinics sponsored by the club? YES NO
- As a social golfer, how many times a month would you participate with the club? 1 2 3 4 5
 Would this be on the weekdays, weekends or both? Weekdays Weekends Both
- As a competitive golfer, how many times a month would you participate with the club? 1 2 3 4 5
 Would this be on the weekdays, weekends or both? Weekdays Weekends Both

Please fill the best answer available:

- Please provide us with your favorite 2 courses that you would like to play and have the club play.
 1 _____ 3 _____
- Please provide us with your preferable tee times: (list only 2 & brief explanation)
 1 _____ 3 _____
- How would you prefer to be contacted for play for any upcoming events?
 Email Home Phone Cell Phone Work Phone

Comments you would like to share: _____

Mail Check in the amount of \$50.00 Renewal
\$55.00 New Membership

mail: SWS Golf PO BOX 2566
Springfield, VA 22152