



Forms to be sent to the attention of Tim Robinson

trobinson@cdga.org

or

11855 Archer Ave

Lemont, IL. 60439

SPECTATOR CART REQUEST FORM

NAME: _____

EMAIL: _____

PHONE NUMBER: _____

NAME OF PLAYER YOU ARE FOLLOWING: _____

TOURNAMENT EVENT(S) AND DATE(S): _____

Each person seeking to use a golf cart due to a disability under the ADA must complete and submit to the CDGA the form entitled information to be supplied by anyone claiming a disability seeking to use a cart in a CDGA Championship.

1. Please explain the nature of your disability and why it requires that you use a cart?
2. Is your disability permanent or temporary? How long have you suffered from this disability? Is it stable? Has it become worse over time?
3. Provide a current medical note from a physician that has evaluated your condition, describing the nature and extent of your disability and explaining why it would be beyond your ability to walk during this event. **Such report should be attached to and submitted together with this completed cart request form.**

*** Please note that this cart request form (including information requested in question #3 above) must be submitted to the CDGA by the player or spectator in writing, 7 Days prior to the date of the Championship. Failure to comply will result in denial of the spectator cart request.**