



2020 HANDICAP PARKING APPLICATION

(Please Print and Return to the Tournament Office by Mail, Fax or Email)

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License # _____ Handicap Placard # _____ State Issue: _____ Expiration: _____

Make & Model of Car: _____ License Tag: _____

PHYSICIAN'S INFORMATION (OPTIONAL)

Physician's Name: _____

Physician's Phone No: _____

TOURNAMENT INFORMATION

To maximize your accommodations, please be sure to inform us of the approximate date and time of your arrival to the tournament.

DAYS	Monday April 27	Tuesday April 28	Wednesday April 29	Thursday April 30	Friday May 1	Saturday May 2	Sunday May 3
TIMES							

APPLICANT'S SIGNATURE AND CERTIFICATION

I certify that I am a disabled person and that I am : _____
SIGNATURE DATE

Permanently or **Temporarily** disabled due to:

COMMENTS: