

N I A N A F

Forms to be sent to the attention of Jodi Ciotti
jciotti@cdga.org
or
11855 Archer Ave
Lemont, IL. 60439

PLAYER/CADDIE CART REQUEST FORM

(only required for the CDGA Amateur and Illinois State Amateur Championship proper)

NAME:	
EMAIL:	
PHONE N	NUMBER:
СНАМРІС	DNSHIP:
CDGA the	s seeking to use a golf cart due to a disability under the ADA must complete and submit to the form entitled Information to be Supplied by Anyone Claiming a Disability Seeking to Use a Cart in Ampionship or Qualifying Round*
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 list of the golf tournaments you have played in during the past five years and state whether you walked or used a cart during these tournaments.
4.	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 #4 above) must be submitted to the CDGA by the player by the entry deadline. Failure to comply will result in denial of the cart request.

^{*} If your request is approved – it is valid for the current calendar year