



Forms to be sent to the attention of Jodi Ciotti

[jciotti@cdga.org](mailto:jciotti@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 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 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 or Qualifying Round. Failure to comply will result in denial of the spectator cart request.**

**\*If your request is approved – it is valid for the current calendar year**