

**Physician’s Document to use a Golf Cart Handicap Flag**

**This document is to verify the nature of the mobility impairment for which a player is requesting to use a Handicap Flag on The Club at MariMack Golf Complex.**

**All requests and final determinations are subject to Management’s discretion of The Club at MariMack .**

**Player’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature Of Mobility Impairment for Which Handicap Flag Is Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration Of Request:**

**(\_) Number of Days: \_\_\_\_ Months: \_\_\_\_**

**(\_) Until Condition Subsides or Is Medically Corrected**

**(\_) Permanent Disability**

**Physicians Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physicians Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLUBHOUSE ATTENDANT WILL ATTACH TO HANDICAP USER POLICY AGREEMENT AND REGISTRATION FORM TO BE FILED**