



*** PLAYER SPECIAL EQUIPMENT REQUEST FORM**

1. Player Name (Please Print) _____
2. Type of Special Equipment _____
3. Please explain the nature of your physical impairment and why it requires you to use Special Equipment.

4. Is this impairment permanent? Yes No
5. Please attach a report from your physician, this report must include:
 - i) a current medical report which evaluates your current physical impairment;
 - ii) the nature of the impairment;
 - iii) confirmation that the physical impairment is permanent; and
 - iv) an explanation of why it is beyond your ability to participate without Special Equipment

* PLEASE NOTE: This Special Equipment request **MUST BE SUBMITTED BY THE ENTRY DEADLINE FOR THE APPLICABLE GAO CHAMPIONSHIP.** If this application is approved by the Special Equipment Use Committee, you will be required to sign a 'Conditions of Use Form', which will outline the guidelines for use during the championship. Failure to abide by the guidelines will result in a forfeiture of the Special Equipment privileges. The decision of the Committee is final.

Signature: _____

Date: _____



Conditions of Use

- Cart must be returned to the pro shop immediately following completion of player's round for the day
- Cart must **NOT** be used to view play of others
- Cart must stay out of any fescue grass areas
- Must **NOT** provide transportation for other players, caddies, players equipment or spectators at any time
- Must follow the Golf Club's guidelines for Cart Use at all times
- Must meet the Club criteria for use (i.e. Minimum age, Driver's License)

I agree to abide by the Conditions of Use and I understand that if I do not abide by the Conditions, the permission to use the cart may be rescinded.

Signature: _____

Date: _____