



Handicap Flag Application (Must be renewed annually)

Name: _____

Member Number: _____

Date: _____

Please check the qualifying information and attach a copy to this form

_____ Note from Doctor (updated every 6 months)

_____ Handicap License Plate (attach photo)

_____ Handicap Parking Pass (attach photo)

I understand that having a handicap flag on my cart allows me to go up to 15 feet of the green and not any closer.

On cart path only days, I understand that the handicap flag does not apply and I must stay on the cart part due to wet conditions.

Member Signature: _____

General Manager: _____