



Transportation Request Form

The cart request form (including the required medical documentation as specified on the cart request form) must be submitted to British Columbia Golf in writing and received by British Columbia Golf by no later than the date the Championship entry application is due. Such information should be sent to British Columbia Golf to the attention of the British Columbia Golf Tournament Director, 7198 Vantage Way #116, Delta, V4G 1K7 or via email to tournaments@britishcolumbiagolf.org. British Columbia Golf will not evaluate requests submitted via telephone or without all required documentation having been submitted.

Please note that requests due to "temporary" injuries or impairments that do not qualify as a "disability" will not be granted.

TRANSPORTATION REQUEST FORM

CONFIDENTIAL INFORMATION TO BE SUPPLIED BY ANYONE CLAIMING A DISABILITY SEEKING TO USE A CART IN A BRITISH COLUMBIA GOLF CHAMPIONSHIP OR QUALIFYING ROUND

Please use additional pages as necessary*

1. Please explain the nature of your disability and why it requires that you use a cart?

2. a) Is your disability permanent or temporary?
b) How long have you suffered from this disability?
c) How does this disability limit your ability to walk during tournament golf?
d) Is it stable?
e) Has it become worse over time?

3. Provide a current medical report from your treating 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 and compete during this event. Such report must explain, in detail, your diagnosis and symptoms, and specifically describe how your condition impairs your ability to walk in general and during a golf tournament. **Such report should be attached to and submitted together with this completed cart request form.**

4. Please provide the name, address and telephone number(s) of your treating physician(s) for the condition which you believe requires use of a cart.

5. Do you use walking aids (cane, crutches, walker, wheelchair, back brace, leg brace) and if so, describe the length of time you use them each day.

6. 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.

I certify that the information supplied above and in any attachments is true and correct to the best of my knowledge and belief.

Signature

Print Name

Date

• Please note that this cart request form (including all information requested above, medical report from physician and attached authorization for release of medical information) must be submitted to British Columbia Golf prior to the Entry Deadline for the Championship for which the requests is being made.