

## Handicap Flag Registration Form

Applicant Name (please print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please provide one of the following:**

\_\_\_ Copy of Handicap Parking Permit                      Expiration Date: \_\_\_\_\_

\_\_\_ Physician Note

*By signing the form, the golfer agrees to adhere to the terms of this policy.*

*Revised 3/1/2025*

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