



**REQUEST FOR PULL CART USE IN STARBURST JUNIOR GOLF CLASSIC**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

1. Please explain the nature of your disability and why it requires that you use a pull cart?
  
  
  
  
  
  
  
  
  
  
2. Is your disability permanent or temporary? How long have you suffered from this disability? Is it stable? Has it become worse over time?
  
  
  
  
  
  
  
  
  
  
3. Provide a list of golf tournaments you have played in during the past five years and state whether you used a pull cart during these tournaments.
  
  
  
  
  
  
  
  
  
  
4. On average, how many times a week do you play non-tournament golf?
  
  
  
  
  
  
  
  
  
  
5. In non-tournament play, what percentage of the time do you use a pull cart when you play; what percentage of time do you carry your bag; what percentage of time do you ride in a golf car?

**Please note this request form is not a guarantee of permission.**