#  2023 handicap Parking Application

(Please fill out and email or Fax to Tournament Office)

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| Email: **contactus@wellsfargochampionship.com** Fax: (**704) 554-8161** |
| Applicant information |
| First Name:  | Last Name:  |
| Street Address:  |
| City:  | State:  | Zip: |
| Home Phone: | Work Phone: | Cell Phone:  |
| Email Address: |
| Driver’s License #  | Handicap Placard #  | State Issue:  | Expiration:  |
| Make & Model of Car:  | License Tag:  |
| physician’s information (optional) |
| Physician’s Name: |
| Physician’s Phone No: |
| Tournament Information |
| To maximize your accommodations, please be sure to inform us of the approximate date and time of your arrival to the tournament.  |
| **DAYS** | MondayMay 1 | TuesdayMay 2 | WednesdayMay 3 | ThursdayMay 4 | FridayMay 5 | SaturdayMay 6 | SundayMay 7 |
| **TIMES** |  |  |  |  |  |  |  |
| Applicant’s signature and certification |
| I certify that I am a disabled person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ SIGNATURE DATE□ **Permanently** or □ **Temporarily** disabled due to: COMMENTS: |

Telephone (704) 554-8101

 Email: contactus@wellsfargochampionship.com