# 2023 handicap Parking Application

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | Monday  May 1 | Tuesday  May 2 | | Wednesday  May 3 | Thursday  May 4 | | Friday  May 5 | | | Saturday  May 6 | | Sunday  May 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](mailto:contactus@wellsfargochampionship.com)