



Handicap Flag for Cart Use Registration Form



A Handicap Flag on a golf cart signifies that a person of said cart has a disability that makes walking to their ball a hardship. To qualify for a Handicap Flag the individual must possess a "State" approved permanent or temporary disabled parking placard or a doctors letter. All golfers with a disability that requests use of a HANDICAP FLAG MUST COMPLETE THE REGISTRATION FORM and get approval by the NT Parks & Recreation Department Office (500 Wheatfield Street, North Tonawanda, NY 14120) prior to receiving a flag at the Golf Course.

By signing the registration form the golfer agrees to abide by the rules and regulations set forth by the City. The following rules MUST be followed when using a Handicap Flag:

1. A handicap flag applies only to the individual(s) with the disability.
2. An able-bodied golfer on a cart with a disabled golfer MAY NOT take advantage of the Handicap Flag Policy and must walk to his or her ball.
3. If more than one disabled person is the group, they must ride together.
4. Carts must remain on paths when possible AND be NO CLOSER than 30 feet off tee boxes and greens.
5. DO NOT drive or park cart on tees, greens, approaches, mounds, bunker slopes
6. DO NOT drive over, move, or remove ropes to enter into a roped off area.
7. When conditions warrant and the course has been designated as Cart Path Only adhere to cart path only restrictions.
8. When entering a restricted area to get to your ball, leave the area the same way you entered.
9. Individuals will be responsible for handing the flag in to the ticket office after the round. Failure to return flag will result in responsibility for paying for the flag replacement.

Abuse of the rules of this policy WILL result in revocation of Handicap Flag assignment and/or cart-use.

By Signing this form, the golfer is agreeing to adhere to the terms of the policy.

Name (Print): _____ Member #: _____

Golfer Signature: _____

For Office Use (completed by staff)

1. Physician note: copy provided and on file Received Date: ___/___/___ By: _____

2. State Issued Disabled Permit

Permit Number: _____ Issued Date: _____ Expiration: _____