

## Handicap Permit Request Form

**Return completed form along with Member/Privilege Card to:**  
Chris Linam, Pro Shops Manager, at Riverview Golf Course  
Please call for an appointment: 623-876-8419

Date: \_\_\_\_\_

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

Nature of disability which requires special access: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated duration of disability \_\_\_\_\_

Physician's Name \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_

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(For office use)

**Employee initials:** \_\_\_\_\_

**Copies of RCSC Member Card, and Golf H/C card:**

**SUN CITY**  
ARIZONA  
RECREATION CENTERS  
OF SUN CITY