

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 _____

(For office use)

Employee initials: _____

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

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