



2010 HANDICAP PARKING APPLICATION

(Please Print and Return to the Tournament Office by Mail, Fax or Email)

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 April 26	Tuesday April 27	Wednesday April 28	Thursday April 29	Friday April 30	Saturday May 1	Sunday May 2
TIMES							

APPLICANT'S SIGNATURE AND CERTIFICATION

I certify that I am a disabled person and that I am : _____
 SIGNATURE DATE

Permanently or **Temporarily** disabled due to:

COMMENTS:

Mailing Address: 4201 Congress Street Suite 420 Charlotte, North Carolina 28209
 Telephone (704) 554-8101 Fax (704)-554-8161

Email: contactus@qhchampionship.com