

## Doctor's form letter to request use of golf cart

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

Role In Tournament:            Athlete                      Unified Partner

Patient's Team Name: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Address of Doctor: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

The individual was treated for: \_\_\_\_\_  
(common name of medical condition or injury)

\_\_\_\_\_ should be allowed to ride in a cart throughout the tournament,  
instead of walking, due to the following explanation – (please print):

Note: The request for use of a golf cart will be reviewed by SONE for final approval.