

Handicap Permit Request Form

Return completed form along with Member/Privilege Card to:

Sue Presta, Golf Administrative Coordinator 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)

Date _____

Rec. Card No. _____ Expiration Date _____

Handicap Permit No. _____ Permit Status _____

Recreation Centers of Sun City, Inc.

10626 W. Thunderbird Blvd.

Sun City, Arizona 85351