



State Golf Competition
Walking Rule Exemption From

To be completed by a licensed physician for those individuals that request the use of a Golf Cart during tournament play

Name of Patient: _____

Role in Tournament (circle one): Athlete Partner

Patients Delegation (SOMaine team name): _____

Name of Physician: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____ - _____ - _____

This individual was treated for (common name of medical condition or injury):

_____ (patient name) should be allowed to ride in a golf cart throughout the tournament, instead of walking, due to the following explanation (please print):

Physician's Signature: _____ Date: _____ / _____ / _____