Please complete and return this form:
By Email: surreypearson@gmail.com

BUGGY REQUEST FORM

Once in receipt of your request we will review and authorise use of a buggy via email. Without our confirmation email you will not be authorised to use a buggy in the Pearson competition. If necessary you may need to reapply for permission at a later date.

I, (Name)

Of (Club)

England Golf Membership Number

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request the use of a golf buggy for the Pearson Trophy competition 2026-2027

Please note that we require all of the questions below to be answered in order to make a decision regarding your request to use a golf buggy. Circle or delete as appropriate:

1) Do you have a physical or mental impairment within the meaning of the Equality Act 2010?
Yes / No

2) Does that impairment have a substantial adverse effect on your ability to carry out day to day tasks?
Yes / No

3) Does that impairment have a substantial adverse effect on your ability to walk long distances, carry golf
clubs, or otherwise play a round of golf?
Yes / No

4) Have you lived with the impairment for a period of over 12 months?
Yes / No

5) Is the impairment permanent or temporary?
Permanent / Temporary

If temporary, please advise nature of injury. If you prefer not to disclose then we may ask for a doctor's certificate.

6) If your impairment is temporary how long is it expected to last?

STATEMENT OF TRUTH

I confirm that the information contained in this document is, to the best of my knowledge, a true and accurate reflection of my medical circumstances as of the date of this form.

I acknowledge that I may be disqualified and have the buggy certificate revoked, if any information in this form is deemed to be false or incorrect.

Signed _____

Date _____

Email _____

Phone _____