



# THE PLAYERS COMMUNITY CENTER

175 Landrum Ln, Ponte Vedra Beach, FL 32082

904-280-3233

**Request Status (please check applicable):**

<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> UPDATED REQUEST	<input type="checkbox"/> CANCELED REQUEST
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Notes:

**Subscription Details (please circle all applicable)**

<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
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<b>Start Date:</b>		<b>End Date:</b>
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**Client Details**

LAST Name:	FIRST Name:
Date of Birth: ____ - ____ - ____	SS#: ____ - ____ - ____
Address:	City:
State:                      Zipcode:	Contact #:
<b>Mobility (check one):</b> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Walker (but requires a lift) <input type="checkbox"/> Wheelchair (Regular) <input type="checkbox"/> Wheelchair (Motorized) <input type="checkbox"/> Wheelchair (Extra-Wide) <input type="checkbox"/> Wheelchair (Extended-Leg) <input type="checkbox"/> Scooter (Note: Clients must be able to operate themselves)	<b>Gender (check one):</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	Emergency Contact Name:
	Emergency Contact #:
Bill to the following Funding Source:	Notes:

**Senior Center Coordinator:**

Sign.:	Date:	<input type="checkbox"/> Seeking Approval
Return Fax #:	Time:	<input type="checkbox"/> Approved
Notes:		<input type="checkbox"/> Not Approved

**Transportation Dept. Representative:**

Sign.:	Date:	<input type="checkbox"/> Seeking Approval
Return Fax #:	Time:	<input type="checkbox"/> Approved
Notes:		<input type="checkbox"/> Not Approved