

# SPECIAL NEEDS PARKING PASS APPLICATION

<b>LAST NAME</b>	<b>FIRST NAME</b>	Which worship service will you typically attend? (Circle one) 8:15 / 10:00 / 11:15
<b>CAR MAKE AND MODEL</b>	<b>LICENSE PLATE #</b>	Which Sunday School will you attend? (Circle one) None / 10:00 / 11:15
<b>QUALIFYING DISABILITY (CIRCLE ONE) 1) POSSESS A PENNDOT DISABILITY PLACARD 2) UNABLE TO WALK 200 FEET WITHOUT STOPPING TO REST 3) REQUIRE A BRACE, CANE, CRUTCH, ANOTHER PERSON, WHEELCHAIR, PROSTHETIC DEVICE, OR OTHER ASSISTANCE TO WALK 4) RESTRICTIONS FROM LUNG DISEASE 5) REQUIRE PORTABLE OXYGEN 6) DEBILITATING CARDIAC CONDITION 7) UNABLE TO WALK DUE TO ARTHRITIS OR A NEUROLOGICAL OR ORTHOPEDIC CONDITION 8) TOTALLY OR LEGALLY BLIND</b>		
<b>SIGNATURE</b>		<b>DATE</b>

**DETACH AND SUBMIT TO PARKING SERVICES MANAGER VIA THE CHURCH OFFICE**