

Golf Cart Registration Form

(One Per Cart Please)

Make/Model: _____

Color: _____

Serial Number: _____

Check One: Electric: _____ Gas: _____

VOP Lot #: _____

Name of Insured (Lot Owner): _____

Address: _____

City/State/Zip Code: _____

Insurance Company: _____

Address: _____

City/State/Zip Code: _____

Check One: Homeowners: _____ Auto: _____

Please complete & return this Golf Cart Registration Form along with your Certificate of Insurance to the following:

Any member of the board