



Golf Cart Registration Form

Unit Owner Name

Address

Phone

Email

Number of Golf Carts

Golf Cart 1

Make / Model

Color

Year

Insured

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Horn

Headlights

Tail lights

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I, _____, hereby submit a golf cart registration application for the approval of the golf cart(s) described above. I agree to abide by the general rules and guidelines which may pertain to golf carts.

Signature:

Date: / /

Golf Cart 2

Make / Model

Color

Year

Insured

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Horn

Headlights

Tail lights

--	--	--

Golf Cart 3

Make / Model

Color

Year

Insured

--	--	--	--

Horn

Headlights

Tail lights

--	--	--

Golf Cart 4

Make / Model

Color

Year

Insured

--	--	--	--

Horn

Headlights

Tail lights

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