

GOLF CART REGISTRATION/LICENSE FORMS
RESORT VILLAGE OF AQUADEO

APPLICANT

NAME: _____

LAKE ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____

YEAR: _____

MAKE/MODEL: _____

COLOR: _____

SIGNATURE: _____

OFFICE ONLY

Proof of Insurance: _____

COST: \$50.00

PAYMENT METHOD: ___ EFT ___ CASH ___ CHQ ___ DEBIT/CREDIT

REGISTRATION #: _____

DATE: _____

OFFICE SIGNATURE: _____

In Accordance with Bylaw 11/2023

