



DATE: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

MAKE OF CART: _____

COLOR OF CART: _____

INSURANCE CO. NAME: POLICY #: _____

INSURANCE CO. ADDRESS: _____

INSURANCE CO. PHONE #: _____

The golf cart registered above must have operating head lights, tail lights and brake lights.

If there are any changes to the registration information above, the golf cart must be reregistered with the Board of Directors.