



## GOLF CART RENTAL REQUEST FORM

All golf carts must be locked when not in use.  
All returns must be between 8:00 a.m. and 4:00 p.m.

Date Needed: \_\_\_\_\_

Pickup Time: \_\_\_\_\_

Group/Department: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Size of Cart: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Has driver attending training?

E-mail Address: \_\_\_\_\_

Is driver at least 18 years old?

Campus Phone: \_\_\_\_\_

Does driver have a valid license?

Purpose of Rental: \_\_\_\_\_

FOAPAL NUMBER					
FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION

Name of Approving University Officer: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Signature Approving University Officer: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_