University of Notre Dame
TRANSPORTATION SERVICES

GOLF CART (MOTORIZED OFF-ROAD VEHICLE) RENTAL REQUEST FORM

Date Needed:

Group / Department:

Contact Person:

Campus Address:

E-mail Address:

Phone Number:

Purpose of Rental:

Size of Cart: **2-person** **4-person** **6-person** **2-person w/ cargo bed**

Pick up Time: **AM** **PM**

Return Date: **Time:** **AM** **PM**

FOAPAL:

Has driver attended training? **Yes** **No**

Is driver at least 18 years old? **Yes** **No**

Does driver have a valid license? **Yes** **No**

Name of Approving University Officer:

Signature of Approving University Officer:

Driver's Name:

Driver's Signature:

Have you read the policy and agree to all terms? **Yes** **No**

PLEASE COMPLETE AND FAX FORM TO TRANSPORATION SERVICES AT 631-9654.