



**VICTORIAN GOLF LEAGUE INC.**

**APPLICATION FORM**  
**FOR USE OF MOTORIZED RIDE-ON CARTS**

**Note: Automatic exemption for players attaining the age of 70 – no application required**

I,  
 NAME .....

ADDRESS .....

.....P/C.....

CLUB .....

hereby make application to use a ride on cart in V.G.L. competitions.  
 My request is for health reasons and a medical certificate to support my application is attached.

SIGNATURE ..... DATE .....

**APPLICATION is for a TEMPORARY / PERMANENT (cross out) exemption.**

Medical certificates MUST include the length of time for request.  
 Temporary approval only will be given unless otherwise stated on certificate.

Date From:- ..... Date To : - .....

The Committee of the ..... GOLF CLUB is aware of  
 [applicant's name]..... condition and has viewed the  
 medical certificate, and supports the application.

SECRETARY ..... DATE .....

**THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE MEDICAL CERTIFICATE IS ATTACHED & THE FORM COMPLETED BY CLUB.**

Office Use Only

The Committee of the League approved / rejected the application  
 on:- \_\_ / \_\_ / \_\_\_\_

Card No: - .....

EXECUTIVE MANAGER .....