

VICTORIAN GOLF LEAGUE INC.

APPLICATION FORM
FOR USE OF MOTORIZED RIDE-ON CARTS

I,
NAME

ADDRESS

.....

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

The Committee of the GOLF CLUB is aware of Mr. 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.

Office Use Only

The Committee of the League approved / rejected the application on:- __ / __ / ____

EXECUTIVE MANAGER