

# 2018 Arkansas State Trap Shoot

## AGFF Shooting Sports Complex

### Golf Cart/Side by Side Registration Application

Owner(s) Information:

Name: \_\_\_\_\_ Driver's License# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone # to reach you while on AGFF property: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Golf Cart or Side-by-Side Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN/Serial # \_\_\_\_\_

Color/Description: \_\_\_\_\_

Proof of insurance information: *(Attach a copy of current insurance card to this form)*

Insurance Company Name: \_\_\_\_\_ Policy# \_\_\_\_\_

I understand that it is my responsibility to follow all rules and guidelines established by the AGFF Shooting Sports Complex/City of Jacksonville. All golf carts/side-by-sides shall be operated by a licensed driver.

I further understand that by not following the rules set forth that I may lose my privilege of operating my golf cart/side-by-sides on AGFF property. I also agree that I am financially responsible for any damages to person(s) or property that may occur due to the operations of my vehicle.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use*

Payment received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Permit # assigned: \_\_\_\_\_