

2019 Arkansas State Trap Shoot

AGFF/Jacksonville 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 shooting complex 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: _____

Email completed form and copy of insurance information to rcarter@cityofjacksonville.net