



Motorised Transportation Application Form

This form is to be used by players wishing to gain approval from Serpentine & Districts Golf Club to use motorised transport in competition.

Instructions:

1. Please read the Serpentine & Districts Golf Club Motorised Cart Policy along with this procedure and complete all details in the below form.
2. Attach a letter from a medical practitioner (as defined in the Serpentine & Districts Golf Club Motorised Cart Policy) specifying the period of time that authorisation is being requested for.
3. Return this form along with the appropriate letter above to the postal/email address or fax number at the bottom of the page.
4. Once the use of motorised transport is approved, your name, and expiry date (if temporary) will appear on the Serpentine & Districts Golf Club Motorised Transportation – Authorisation List published on the Serpentine & Districts Golf Club website. If you do not want your name to appear on this list please advise Serpentine & Districts Golf Club.

REQUEST FOR MOTORISED TRANSPORTATION APPROVAL RETURN FORM - BLOCK LETTERS

I (Full Name): _____ am writing to the management committee for permission to use a golf cart in competition.

I have read and agree to abide by the Serpentine & Districts Golf Club Motorised Cart Policy.

My application is supported by a letter from a General Practitioner as per the Motorised Cart Policy.

Email (MANDATORY): _____

Signature _____

Return to:

Secretary

Serpentine & Districts Golf Club

P.O. Box 94 Serpentine WA 6125.

Fax: (08) 9525 2265 Email: secretary.serpentinegolfclub@bigpond.com