

GOLF CART(S) RESERVATION FORM

Please complete this form and send to Rena Ghnaim, rghnaim2015@fau.edu

CONTACT INFORMATION

Department:			
Requester Name:			
Request	ter Email and Number:		
Driver N	lame(s):		
Dates Requested:			
Times Requested:			
Event Name:			
Purpose:			
GOLF CART REQUEST			
Check	Golf Cart		Use
	6 – Seater Black		 Campus Tours (i.e. on campus candidates, new faculty/staff & other) Transport equipment/other College Events
	8 – Seater Black		 Campus Tours (i.e. on campus candidates, new faculty/staff & other) Transport equipment/other College Events
	6 – Seater Blue Dean/Development Us Special Request (to be	se Only or reviewed and approved)	Special/Donor/VIP toursSpecial/Donor/VIP visits
Requester affirms that all golf cart drivers are active university employees (including student drivers), have active driver's license and have completed safety training; up-to-date certificate. Requester affirm that passengers will be informed to use seat belts and to notify passengers when the cart moves. Requester affirms that golf cart(s) will be returned to the parking garage by the CU building; they are parked and charged appropriately.			
Print Name			Signature