

# FAIR WEEK GOLF CART/ATV REQUEST FORM

Cart # _____
Insurance _____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### INSURANCE REQUIREMENTS:

The Fair Office requests a copy of your (1) personal insurance policy covering the golf cart/quad/etc. and your (2) personal liability policy to cover you personally and any incidents that may require coverage. This will be kept in the file with your application. **Application Deadline is July 1.**

### APPROVAL:

Safety for everyone attending the Fair is a priority, so the number of carts on the grounds must be limited – for this reason golf cart use is extended only to those with a physical challenge/special reason. Please be very specific and understand that not all requests can be approved. A letter from your Physician may be required for verification. This request will be presented to the President of the Shiawassee County Agricultural Society and the Board of Directors for approval and will be carefully considered. You will be notified of the decision prior to the Fair. We appreciate your understanding.

### RULES AND RESPONSIBILITIES (Courtesy Carts are exempt):

- 1) **The approved person and their spouse** (or specified adult driver) **Only** may operate the cart for the transportation of the approved person during fair week (this **does not** include family, friends, grandchildren, etc.) **Drivers MUST be 21 years of age or older.**
- 2) **Approved carts must have an identifying number** with the approved riders listed. This may be obtained from the office the week prior to the Fair and must be displayed at all times.
- 3) **Please obey the 10 mph speed limit.**
- 4) **Failure to abide by the rules will result in:**
- 5) **1<sup>st</sup>)** a warning, to be recorded in the Office.  
**2<sup>nd</sup>)** a second offense will result in the removal of cart privileges for current and following year.
- 6) **Carts must be operated in approved areas.** You will receive a map if your request is approved.
- 7) **A Doctors note or Handicap verification must be presented at time of application.**
- 8) **Application fee of \$25.00 and proof of insurance is due with application.**

**REASON FOR REQUEST-** (Please be specific and detailed; the committee will make their decision from the information that you present here).

---

---

---

---

---

-----Below To be completed by Executive Board-----

Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Driver / Rider: \_\_\_\_\_

OFFICE USE ONLY

**1<sup>st</sup> WARNING**

**DATE:** \_\_\_\_\_

**Violation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Given by:** \_\_\_\_\_

**2<sup>ND</sup> WARNING**

**DATE:** \_\_\_\_\_

**Violation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Given by:** \_\_\_\_\_

2<sup>nd</sup> offense will result in the removal of cart privileges for the current and following year.

**Date:** \_\_\_\_\_ **Payment:** \_\_\_\_\_ Cash/Credit /Check# \_\_\_\_\_ **Initials:** \_\_\_\_\_