GOLF CART
PERMIT REQUEST FORM
(Note: This is only a request form, you will be contacted with a confirmation number depending on availability)

Date(s) Requesting _______________________________
Start Time Requesting __________________
End Time Requesting __________________
Organization Name ___________________________________________________
Attendance # __________________________
Event Description _____________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Payment Option:
 Pay-on-site
 Invoice
 Pay Individually
 Ohio Univ. Acct. # __________________________________

CART REQUEST
Number of carts requested ___________
 1 day rental $30/day + tax
 Multiple day rental $100/week + tax
When a golf cart is rented for multiple days, it must be stored overnight.
Where will the cart be stored? ________________________________

Total Charges $ ____________

AGREEMENT
At the time of pick-up a credit card or university account number is required and the lessee is responsible for any damages; the carts are not insured and the replacement cost is $4,000.00+. Carts are rented with a full tank of gas, and must be returned with a full tank of gas. A bill will be sent to the contact at the end of the month and payment is due two weeks thereafter.

Other Arrangements or Requests: __________________________________________________________________________________________
________________________________________________________________________________________________________________________
Please make checks payable to: Ohio University -Golf & Tennis Center

I agree all information above is correct and I will be responsible for all costs incurred.

Signature_____________________________________________________  Date_______________________

Please return to:
Ohio University Golf and Tennis Center
Attn: Travis Post
1 Ohio University
Athens, OH 45701
Email: Postt@ohio.edu
Phone: (740)593-9406
Fax: (740) 593-0573
www.ohio.edu/recreation

For office use only
Date Received:  Time received:  am/pm  INITIALS: _________
Confirmation #:  Estimated Rental Fee: $