

Mopar Nationals Golf Cart/Scooter Permit Application

Date: _____ Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Drivers License # _____ State _____

Circle your Entry Type: Regular (\$75) Race (\$100-175) Judged (\$95)

Midway/Swap Space Handicap Participant Handicap Spectator

Golf Cart/ATV Permit Request: (Brief Reason for request) _____

Type of Golf Cart/Scooter _____

Drivers' Name(s) (*Driver must be age of 18 or over, and covered on the insurance policy*)

Insurance Company _____ Policy # _____
(Mandatory - Attach proof of Insurance Certificate to application. The liability amount must be \$300,000 or more per incident)

Must provide proof of Disability with a copy of your Handicap permit, Letter from Doctor, etc., some form of documentation. If in doubt ask us by request at moparnats@aol.com

Golf Cart/Scooter Rules & Regulations

Only insured drivers 18 years of age or older may operate the motorized vehicle. Golf Carts/Scooter's will not be allowed access to the Judged Show area of the track (east side) and the Manufacturers' Midway except in the aisle ways. No riding between cars, etc. This will be strictly enforced. The driver will operate the motorized vehicle in a safe manner, in regards to speed and maneuvering. **At ALL TIMES, Pedestrians have the right of way.** Golf Carts/Scooter's cannot be parked in aisle ways or roadways obstructing traffic flow. Any violations of these rules will be enforced by voiding the permit for the remainder of the show and there will be no refund on permit fee or golf cart rental purchase.

I certify that I have read the rules & regulations for proper Golf Cart/ATV operation, have the proper liability insurance to cover the listed drivers, and no one other than the listed drivers will operate the Cart/Scooter.

Signature _____ Date ____ / ____ / ____

Permit Fee: \$50.00

Total Amount \$ _____

Return to: Mopar Nationals, P.O. Box 2303, Dearborn, MI. 48123-2303

Pre-Registration DEADLINE is JULY 15

Office Use Only

Date Received _____ Permit # _____ Permit Mail Date _____

- Proof of Insurance Check # _____
 18 or Over

Signature _____