

# Mansfield University Golf Cart Driver Agreement

*I have read the Mansfield University **Golf Cart Operation & Safety Policy** and will adhere to all of the stated requirements. I understand that failure to comply with the established policy and procedures may result in loss of golf cart driving privileges.*

**Name of Driver:** \_\_\_\_\_  
(Please Print Name)

**Signature of Driver:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Please Sign Name)

**Name of Department:** \_\_\_\_\_  
(Please Print)

*Complete and submit the agreement form to  
Admissions, South Hall, Room G04  
Questions— call 570.662.4342*

## For Office Use Only

Approved by: \_\_\_\_\_ Date of approval: \_\_\_\_\_

Date of approval: \_\_\_\_\_ Training completed on: \_\_\_\_\_