

SANDCRUISER BEACH WHEELCHAIR AND MOBI-CHAIR FLOATING BEACH WHEELCHAIR

BOOKING IN/OUT SHEET

Name of Applicant/Carer:		
Address of Applicant/Carer:		
Loan & Indemnity Agreement signed: (Applicant/carer to initial)		
User Guide and Conditions of Use read by Applicant/Carer and copy provided	Circle which Wheelchair is being taken and in so doing you acknowledge receipt and acceptance of terms	
	Sandcruiser	Mobi-Chair Floating
Mobile Phone		
Date and time taken	Date	Time
Any item found missing or defective on returned chair at time taken		
Date and time returned	Date	Time
Any item found missing or defective on returned chair at time returned		
Date and time returned	Date	Time
Signature of Applicant/Carer returning chair		

Please return the Beach Wheelchair to lifeguards/savers after use at the Surf Club Tower