



WEB REQUEST FOR HIRE OF CUBICLE AND/OR DISABILITY SHOWER – MAIN CONTACT

41 Perry Street, Masterton 5810

Phone 027 277 6118, Email: info@wcct.co.nz, Website: www.wcct.co.nz

As the main contact, you are responsible for all people in your care who use the shower facilities and that they abide by the terms and conditions of use. Please complete this form and return it to the email address above or deliver in person. Once reviewed and approved, we will then return the co-signed form to you for your records. You are only required to complete one form for the full duration you require the shower facilities.

Your name:

Cellphone or Phone:

Email:

Your Address:

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Brief reason why you require use of shower:

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Which shower do you wish to use? Disability Cubicle Both
(please tick)

Period of use for shower: Start Date: Estimated End Date:

Names of people in my care who require a shower:

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We/I have read, understood and agree to comply with the conditions of use and acknowledge my responsibilities as outlined in the WCC Terms of Conditions document.

Signed: Date:

Signed: (for WCC Trust) Date:

Failure to comply with the Terms and Conditions may result in an extra charge or cancellation of future bookings. Wairarapa Community Centre Trust has the right to refuse any booking and change the hire rate giving two weeks' notice.