



**HIRE OF THE CUBICLE AND/OR DISABILITY SHOWER**

**41 Perry Street, Masterton 5810**

Phone 027 277 6118, Email: [info@wcct.co.nz](mailto:info@wcct.co.nz), Website: [www.wcct.co.nz](http://www.wcct.co.nz)

**Please complete this form and return it to the email address above or deliver in person. 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: .....

.....

Brief reason why you require use of shower:

.....  
.....

Which shower do you wish to use?    Disability                   Cubicle                   Both

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

**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: .....

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**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.**