

**Beach Wheelchair Reservation Request
And Agreement**

Name of Person Applying "Borrower": _____

Address: _____

Phone # _____ E-Mail Address: _____

Address of where wheelchair will be securely stored: _____

This signed request/agreement must be accompanied by a deposit of \$100.00 (one hundred dollars) made payable to the "Town of Sandwich" to secure the reservation. Reservations must be made at least one week prior to use. Borrower may reserve the beach accessible wheelchair for a period of no longer than one week during the calendar year. If, however, the wheelchair is available; an exception may be made but only one week prior to the dates available.

Dates requested: _____

The Sandwich Recreation Department welcomes donations for the use of the Beach Accessible Wheelchair. Any donations will be earmarked for the upkeep or purchase of additional wheelchairs.

The "borrower" agrees to the following rules and regulations regarding the usage of the Beach Accessible Wheelchair:

1. Wheelchair may be picked up at the Sandwich Recreation Department, 34 Quaker Meetinghouse Road (Oakcrest Cove Lodge), Sandwich, MA between 9 AM and 3 PM, Monday - Friday. Please make arrangements for exact pick-up time with the Recreation Office.
2. The "borrower" must return the Beach Accessible Wheelchair to the office of the Sandwich Recreation Department located at Oakcrest Cove, 34 Quaker Meeting House Road, Sandwich, Massachusetts by 3:00 P.M, Monday - Friday. Please make arrangements for exact time of return.
3. If the "borrower" does not return the Beach Accessible Wheelchair on the date specified above, the Sandwich Recreation Department reserves the right to hold and deposit the \$100 check. The borrowers deposit may be forfeited.
4. If the Beach Accessible Wheelchair is damaged, in any such way that it can not be loaned to the next requested borrower, the Sandwich Recreation Department reserves the right to withhold and deposit the \$100.00 check and the deposit will be forfeited.

5. In the event that the beach wheelchair is not returned, the “borrower” will be responsible for the total cost of replacement.
6. The “borrower” acknowledges he/she has inspected and discussed any and all issues regarding the physical state of the Beach Accessible Wheelchair with a member of the Sandwich Recreation Department prior to removing the wheelchair from Oakcrest Cove, 34 Quaker Meeting House Road, Sandwich, Massachusetts.

Name of “Borrower” (please print): _____

Address: _____

Phone # _____ Secondary Phone # _____

I affirm that I have read the rules and regulations and agree to the terms of borrowing the Beach Accessible Wheelchair from the Sandwich Recreation Department.

Borrower’s Signature

Date

Office Use Only:

Check # _____ **Check Date #** _____ **Date of Receipt** _____

Date picked up: _____ **Date returned:** _____

Wheelchair inspected by: _____