



# Sandy Point Beach Wheelchair User Registration Form

## APPLICANT DETAILS

Name of Applicant : \_\_\_\_\_

Drivers Licence and/ or Pension Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Carer 1 Name: \_\_\_\_\_

Carer 2 Name: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

## Booking Details

1. Date/s required: from \_\_\_\_\_ to \_\_\_\_\_

2. Time required: from \_\_\_\_\_ to \_\_\_\_\_