



Long Term Wheelchair Hire

Members Only

Member Number *

Name

First Name

Last Name

Select what equipment you seek to be loaned out

Wheelchair

Leg Ext. Right

Leg Ext. Left

Seat Belt

Length of Loan

Days, Weeks, Months?

Number of Days/Weeks/Months

Choose Location *

This Section is for in Office use Only

Equipment on Loan:

Wheelchair

Leg Ext. Right

Leg Ext. Left

Seat Belt