

**CANDELABRA HIRE**

**IN AID OF SHIPSTON HOME NURSING**

NAME OF HIRER: Deborah Williams

ADDRESS: Armscote Manor  
Armscote  
Warwickshire CV37 8DA

TELEPHONE NO: 01608 682375

NAME OF HIREE: \_\_\_\_\_

ADDRESS OF HIREE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

TOTAL NO. OF CANDELABRAS  
HIRED AT £20 EACH: \_\_\_\_\_

*Cheque to be made payable to "Shipston Home Nursing" (Reg. Charity No. 106405)*

DATE CANDELABRAS TO BE COLLECTED: \_\_\_\_\_

DATE CANDELABRAS TO BE RETURNED: \_\_\_\_\_

*Late return fee: £20 per Candelabra per week or part thereof*

***I agree to return the Candelabras in good condition, cleaned and free of candle wax. Should a Candelabra be lost, damaged or stolen, I agree to pay the cost of replacement (£200).***

Signed .....

Dated .....