Repair Registration Number:			Month: /2025
LYME REGIS			Time of arrival:
REPAIR CAFE			
Previous visitor? Yes / No	revious visitor? Name: Yes / No		Postcode:
Age Group: (optional)	40 and under	41 - 60	61 and over
Landline:		Mobile:	u
Email address: (PLEASE WRITE CLEARLY)			
This will be added to our mailing list to inform you of future Repair Café sessions.			
ITEM FOR REPAIR - Please give as much detail as you can about the fault:			Electrical/Mechanical
			□ Sewing
			Furniture
			□Sharpening
			□ Other
BEFORE your item is repaired, PLEASE READ the terms of the House Rules/disclaimer form. Your signature indicates you understand and accept our T&C.			
Customer's Signature			
TO BE COMPLETED BY THE REPAIRER: (Name)			
Was the item successfully repaired? YES / NO			
IF NO:			
Are you taking the item home to complete the repair YES / NO			
Does it require a spare part before completion at the next session? YES / NO			
TO BE COMPLETED BY THE CUSTOMER (if applicable)			
Please sign below to give permission for your item to be taken home by the repairer. Remember to exchange your contact details with those of the repairer			
Customer's Signature			