



Wingsurfing Repair Request Form

Customer Information

Full Name _____
Phone _____
Email _____

Equipment Details

Brand _____
Model/Size _____
Year _____

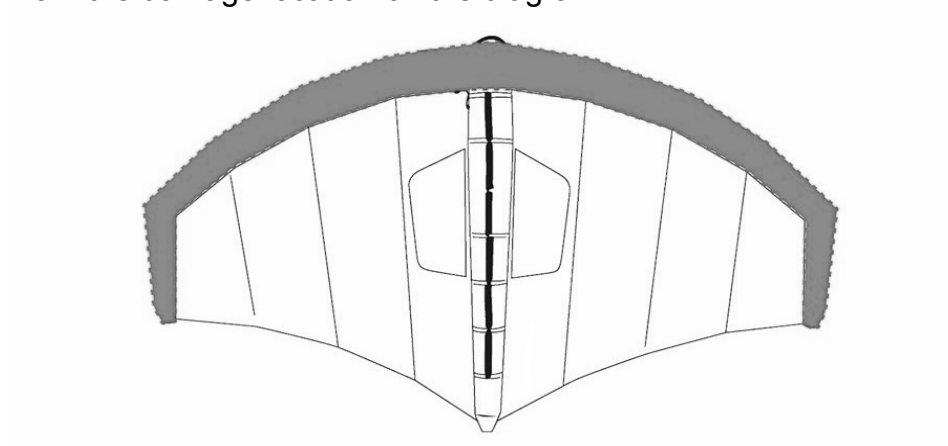
Damage Description

- | | |
|---|--|
| <input type="checkbox"/> Ripstop/Tarp fabric tear | <input type="checkbox"/> Loose stitching |
| <input type="checkbox"/> Bladder leak | <input type="checkbox"/> Damaged Valve |
| <input type="checkbox"/> Other (please specify) _____ | |

Brief description of the damage _____

Damage Location

Mark the damage location on the diagram



Service Required

- | | |
|---|---|
| <input type="checkbox"/> Fabric or stitching repair | <input type="checkbox"/> Valve replacement |
| <input type="checkbox"/> Bladder replacement | <input type="checkbox"/> General inspection |
| <input type="checkbox"/> Other (please specify) _____ | |

Desired Delivery Time

Preferred return date _____ ☐ Express