

ADDRESS:

Kimberley Jurens Woodwind Repairs
612 B Manchester Rd
Victoria BC V8T 2P1

Phone: 778 977 6128

General Email: info@kjwoodwindrepairs.ca

To complete form:

- 1) Download PDF and "Save as" to your device
- 2) Open the saved file on your device & complete
- 3) Email completed form & include print copy if possible

SHIPPING INSTRUCTIONS: Please select both "Signature Required" and "Do Not Safe Drop"

LOCAL DROP OFF: Please wear a mask if you/someone in your home is or has recently been ill.

Name
First, Surname _____

Pronouns
(optional) _____

Email _____

Mobile _____

Landline _____

Address

☐ Pick up at KJWR Inc. (pick up time will be arranged)

☐ Ship to address above (Signature Required)

☐ Ship as "Hold for pickup" (at a secure location)

Shipping in Canada is typically \$40-45 each way.
(based on BC, AB & SK. Higher in other Provinces)

Instrument Information

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Piccolo | <input type="checkbox"/> Bass Flute |
| <input type="checkbox"/> Concert Flute | <input type="checkbox"/> Oboe |
| <input type="checkbox"/> Alto Flute | <input type="checkbox"/> English Horn |
| <input type="checkbox"/> Other: _____ | |

Brand: _____

Model: _____

Serial # _____

Service Requested

- ☐ COA (annual service) ☐ Overhaul ☐ Other

CONTACT IF ESTIMATE EXCEEDS \$ _____ (taxes & shipping not included)

If left blank KJWR assumes consent to automatically proceed with the requested service as indicated above.

If left blank you will only be contacted for General Service & COAs over \$700.00+tax or overhauls over \$2800.00+tax

Accessories

(**AirTags/GPS locators are wonderful. KJWR just asks to be notified if they are with your instrument)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Soft Case Cover | <input type="checkbox"/> Thumb Port (Right Hand) | <input type="checkbox"/> Bo-Bep |
| <input type="checkbox"/> AirTag/GPS Locator** | <input type="checkbox"/> Finger Port (Left Hand) | <input type="checkbox"/> Flute Plugs |
| <input type="checkbox"/> Cleaning Rod | <input type="checkbox"/> Other: _____ | |

☐ I confirm acceptance of "contact if estimate exceeds \$ " terms as stated above. (required for work to be performed)

☐ I confirm that the owner of this instrument either has insurance which covers this instrument during transport OR is intentionally waiving transportation insurance coverage. I understand that KJWR Inc. will not provide insurance (unless requested in writing) and is not responsible for any 3rd party damage etc. should it occur during transport.

Signature: _____ Date: _____