Kimberley Jurens
Woodwind Repairs Inc.

INSTUMENT INFORMATION FORM 2027

ADDRESS:
KJWR Inc.
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: If creating your own label, please ensure you select "Signature Required".

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 $45-50 each way.
(based on BC, AB & SK. Higher in other Provinces)

Instrument Information

☐ Piccolo ☐ Bass Flute

☐ Concert Flute ☐ Oboe

☐ Alto Flute ☐ English Horn

☐ 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 $800.00+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)

☐ Soft Case Cover ☐ ThumbPort / FingerPort ☐ Flute Plugs

☐ AirTag/GPS Locator ☐ Cleaning/Tuning Rod

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

☐ I confirm the owner of this instrument has insurance which covers the above during shipping/ transport.
I understand that Kimberley Jurens Woodwind Repairs Inc. will not select additional insurance for shipping (unless specified in writing), and is not responsible for 3rd party damage etc. should it occur during transport.

Signature: _____

Date Signed: _____

Appointment Date: _____