



REPAIR FORM - Please complete a separate form for each suit

SUIT DETAILS

Repair reference number: _____

Please call us for one if you don't already have one

Drysuit make and model: _____

Please do not send us your drysuit bag

CONTACT DETAILS

Your Name: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Billing Address

Address *Line 1* _____

Address *Line 2* _____

Town / City _____

County _____ Country _____ Post Code _____

Return Shipping Address

Address *Line 1* _____

Address *Line 2* _____

Town / City _____

County _____ Country _____ Post Code _____

REPAIR DETAILS - Please tick all required repairs or services

- | | |
|---|---|
| <input type="checkbox"/> Drysuit Service* | <input type="checkbox"/> Replace Neck Seal <i>Neoprene</i> • Neck measurement _____ |
| <input type="checkbox"/> P-Valve Service | <input type="checkbox"/> Replace Wrist Seals <i>Neoprene</i> • Wrist measurement _____ |
| <input type="checkbox"/> Re-seam Neck | <input type="checkbox"/> Replace Boots • Boot size _____ |
| <input type="checkbox"/> Re-seam Wrists | <input type="checkbox"/> Tweak Neck • Neck measurement _____ How much to tweak _____ |
| <input type="checkbox"/> Replace Zip | <input type="checkbox"/> Tweak Wrists • Wrist measurement _____ How much to tweak _____ |

**Drysuit service does not include valves.*

CHECK LIST - BEFORE SENDING YOUR SUIT

- Please remove any Heating Systems from your suit.
- Please make sure your suit is as clean as possible.

ADDITIONAL INFORMATION

