



Date: _____

Ship to: 1005 Cavalry Ride Trail
Austin, Texas 78732

CARBON FIBER REPAIR ORDER FORM

NOTE: Racquet repairs will NOT be started until this completed Repair Form is received via email or a printed copy packaged with racquet.

Name: _____

Email: _____

Phone #: _____

Shipping Address: _____

Racquet Make/Model _____

Type of Repair:

Corner _____ Top _____ Mid-Frame _____ Lower Side-Frame _____

Upper Side-Frame _____ Throat _____ Reinforce Opposite _____ Warranty Repair _____

String: Y _____ N _____ (if yes) Gauge _____ # Tension _____ or @ Factory Settings _____

Grommet Replacement: Y _____ N _____

Grip Replacement: Y _____ N _____ (if yes, please specify grip brand & color)

SPECIAL NOTES: