

  
**Return Authorization Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Preferred method of contact  e-mail  phone

Model and size of paddle/product \_\_\_\_\_

**Include with return:**

- This completed form
- Proof of purchase within one year
- All paddle/product parts.

**Please provide a brief description of the reason for this return. We appreciate any detail as we continually try to improve our product**

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Send Returns to: KIALOA Paddles 747 SE Business Way STE 6 Bend, OR 97702
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**Please read our warranty page to ensure you understand the process.**