

GUARANTEE REGISTRATION

FIRST NAME: _____

ZIP/COUNTRY: _____

NAME: _____

PHONE: _____

STREET: _____

E-MAIL: _____

Are you a new ICARO customer? YES NO

PILOT INFORMATION

Flying experience? _____ Years

Flight hours per year? _____ Hours

Are you a hobby pilot? YES NO

Are you a commercial pilot? YES NO

Are you working in a flying school? YES NO

In which kind of area do you fly? Please choose:

Alpine Flatland Winch
 Dune Walk&Fly Acro

EQUIPMENT INFORMATION

TYPE	SIZE	SERIAL NUMBER	DATE OF PURCHASE

Condition of the equipment at time of purchase: NEW USED

If used, when was the last check and what was the result? _____

Where did you buy your glider/harness? PRIVAT DEALER

Name of the flying school/dealer: _____

Any comments: _____

Please send the guarantee registration to: office@icaro-paragliders.com

