



# **REGISTRATION FORM**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PROVINCE OR STATE** \_\_\_\_\_

**CANADA** \_\_\_ **USA** \_\_\_ **Postal Code or Zip** \_\_\_\_\_

**TELEPHONE#**( ) \_\_\_\_\_ **FAX#**( ) \_\_\_\_\_

**CELL PHONE#**( ) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**ROD ID.** \_\_\_\_\_

**ROD SERIAL#** \_\_\_\_\_

**REEL ID.** \_\_\_\_\_

**REEL SERIAL#** \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO ACTIVATE YOUR WARRANTY  
ONLINE OR BY FAX TO: KEVIN SPARKS 250-339-5444.**