



**BAUER FLY REELS
WARRANTY REGISTRATION CARD.**

Owner's Name: _____
Address: _____
City: _____ State: _____
Country: _____ Zip/Postal Code: _____
Telephone number: _____ Email address: _____
Reel or Spool Model: _____ Frame/Spool/Hub Color _____
Dealer/ State _____
Purchase Price: _____ Purchase Date: _____
Owner Signature: _____ Date: _____

Mail to: Bauer Fly Reels, PO Box 411, Twin Bridges, MT 59754