



PlayRX Evaluation Date:

PlayRX Evaluation Completed by:

Role:

Contact Email and/or Phone:

Phone Number:

Facility Information

Recreational Facility Name:

Facility Address:

Facility City/State/Zip/ Country:

Purchased From:

Installation Date:

Facility Type:

Play Environment:

Play Level:

Facility Size (SQFT):

No. of Courts:

No. of Fields:

Sports Played	Badminton	Baseball/Softball	Basketball	Football
at the Facility:	Lacrosse	Pickleball	Soccer	Tennis
	Volleyball	Other Sports:		

PlayRX Evaluation

EQUIPMENT TYPE: GLASS BASKETBALL BACKBOARD



Court/Field Name:

Court/Field Type:

Part Number:

Product Brand:

Backboard Material:

Backboard Shape:

Backstop Type :

Mount:

Board 1

Board 2

Clarity of glass:

Condition of the boarder and target:

Condition of mounting brackets:

Condition of frame:

Signs of deformation or bowing:

PlayRX Score

PlayRX Score

If the PlayRX Equipment Health Score is below 3, replacement is recommended.

Additional Information:

Please have a GARED representative contact me about options to upgrade my equipment condition. To receive further information, please email the completed form to PLAYRX@GAREDSPORTS.COM.