



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 Field:

No. of Pitches:

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

# PlayRX Evaluation

## EQUIPMENT TYPE: SOCCER GOALS

Field/Pitch Name:

Pitch Type:

Part Number:

Product Brand:

Soccer Goal Size:

Soccer Install:

Soccer Goal Shape:

Soccer Backstay:

Soccer Diameter:

Surface:



	Goal 1	Goal 2	Accessories
Symmetry of soccer goal:			Condition of field flags:
Straightness of crossbar:			Condition of soccer net:
Connection points of uprights:			Condition of net clips:
Stability of the goal:			Condition of field netting:
Condition of net attachment:			Condition of scoreboard:
Condition of powdercoat:			Condition of team bench/shelter:
Condition of ground bar & stakes:			Condition of sand bags:

**PlayRX Soccer Goal Score**

**PlayRX Soccer Field 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](mailto:PLAYRX@GAREDSPORTS.COM).**