



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: FOOTBALL GOALPOSTS

Field Name:

Pitch Type:

Part Number:

Product Brand:

Upright Height:

Goalpost Install:

Crossbar Width:

Goalpost Color:

Goalpost Diameter:

Goalpost Offset:



	Goalpost 1	Goalpost 2	Accessories
Symmetry of goalpost:			Condition of goalpost flags:
Straightness of crossbar:			Condition of goal line marker:
Connection points of uprights:			Condition of post pad:
Stability of the goalpost:			Condition of field netting:
Condition of powdercoat:			Condition of scoreboard:
Condition of concrete footing:			Condition of team bench:
Condition of ground sleeve:			Condition of dryline marker:

PlayRX Goalpost Score

PlayRX Football 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.