



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: LACROSSE GOALS

Field/Pitch Name:

Pitch Type:

Part Number:

Product Brand:

Lacrosse ground bar:

Surface:



	Goal 1	Goal 2	Accessories
Symmetry of lacrosse goal:			Condition of field flags:
Straightness of crossbar:			Condition of lacrosse net:
Connection points of uprights:			Condition of net lacing:
Stability of the goal:			Condition of field netting:
Condition of net lacing bar:			Condition of shot clock:
Condition of powdercoat:			Condition of team bench:
Condition of ground bar & stakes:			Condition of sand bags:

PlayRX Lacrosse Goal Score

PlayRX Lacrosse 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.