



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: VOLLEYBALL SYSTEM



Court/Field Name:

Court/Field Type:

Part Number:

Product Brand:

Post Material:

Post Diameter:

Padding Color:

Sleeve Type:

Post Movement

Post Type:

Ease of setting the net height:

Stability of referee stand:

Center sagging of the net:

Condition of referee stand pad:

Condition of net attachments:

Condition of referee stand finish:

Condition of the post finish:

PlayRX Referee Stand Score:

Post deflection:

Ease of moving system:

Post stability:

Condition of floor or ceiling:

Condition of post pads:

Ease of storing system:

PlayRX Post Score

PlayRX Movement (GoCourt & Skymaster):

Additional Information:

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

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.