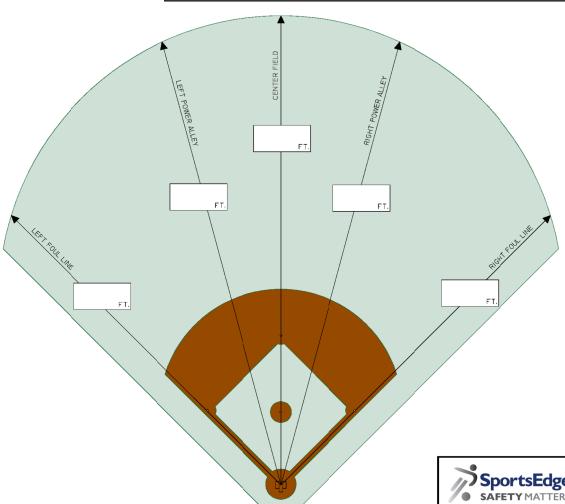
Customer Information						
Project Name:						
Project Location:						
Contact Name:						
Contact Title:						
Best Contact Number:						
Best Contact Email:						
Please Submit Completed Form To info@sportsedge.com For Pricing And Additional Informatoin!						



Information Needed For Budget Proposal:

1.	If existing	g field / fence	replacement,	please confirm	overall f	footage	of existing
	system -		Ft.				

If not, please record field dimensions at locations requested on the field graphic to the left and complete the following:

- Please confirm desired wall height? Ft.
- Elevated Batter's Eye Desired? YES / NO
- If yes. height desired? Ft. 2.1.
- If yes, length desired? _____ Ft. 2.2.
- Will system extend into foul territory? YES / NO
- If yes, length in Right Field? _____ Ft. 3.1.
- 3.2. If yes, length in Left Field?
- Will system extend down foul lines? YES / NO
- If yes, length down Right Field Line? 4.1.
- 4.2. If yes, lenght down Left Field Line?
- Desired height? Ft. 4.3.
- 5. Gates Required? YES / NO

TITLE:

- 5.1. If yes - 4' Walk Gate Qty. Needed:
- 5.2. If yes - 10' Drive Gate (Max Size) Qty. Needed:



(800) 334-6057

ChampionWall® Field Information Form - Baseball

DRAWN B.W.M. XXX SCALE: NONE 12.28.21

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