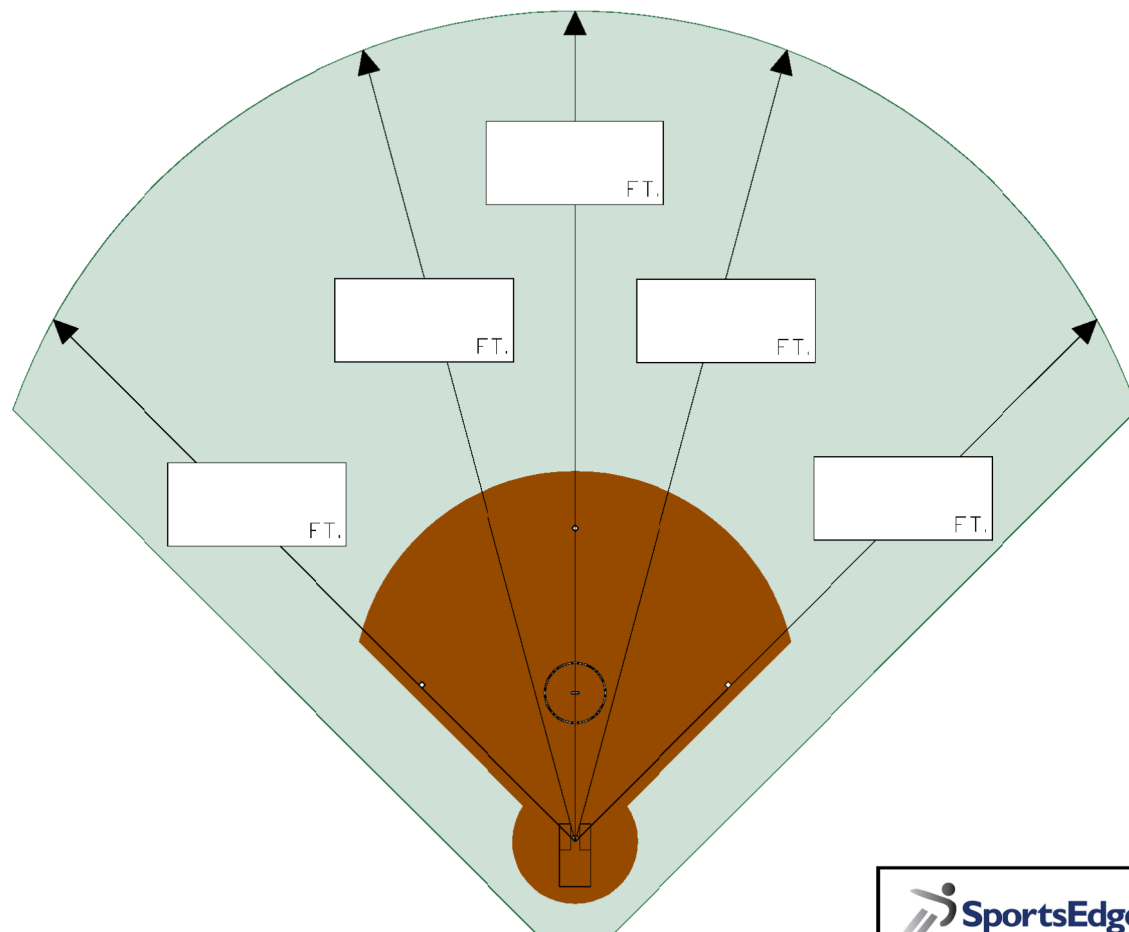


Customer Information	
Project Name:	
Project Location:	
Contact Name:	
Contact Title:	
Best Contact Number:	
Best Contact Email:	
Please Submit Completed Form To info@sportsedge.com For Pricing And Additional Informatoin!	



Information Needed For Budget Proposal:

1. If existing field / fence replacement, please confirm overall 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:

1. Please confirm desired wall height? _____ Ft.
2. Elevated Batter's Eye Desired? YES / NO
 - 2.1. If yes, height desired? _____ Ft.
 - 2.2. If yes, length desired? _____ Ft.
3. Will system extend into foul territory? YES / NO
 - 3.1. If yes, length in Right Field? _____ Ft.
 - 3.2. If yes, length in Left Field? _____ Ft.
4. Will system extend down foul lines? YES / NO
 - 4.1. If yes, length down Right Field Line? _____ Ft.
 - 4.2. If yes, lenght down Left Field Line? _____ Ft.
 - 4.3. Desired height? _____ Ft.
5. Gates Required? YES / NO
 - 5.1. If yes - 4' Walk Gate Qty. Needed: _____
 - 5.2. If yes - 10' Drive Gate (Max Size) Qty. Needed: _____

CHAMPIONWALL®
KEEPS THE GAME IN



A Division of ABT, Inc.
P.O. Box 837 / 259 Murdock Road
Troutman, NC 28166
(800) 334-6057

TITLE: ChampionWall®			
Field Information Form - Softball			
DRAWN BY:	B.W.M.	CHECKED BY:	XXX
SCALE:	NONE	DATE:	12.28.21
		DRAWING NUMBER:	A- SECWSB

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