



TAKE OFF SHEET

Updated 3/26/2018

Rev D

Attention:			Project Name:		
Dealer:					
From:					
Address:			City/State:		Job Bidding to:
			Zip Code:		
			Architect:		List Multiple Gyms
Phone No.:	Fax No.:	E-mail:	City/State:		
			Phone:		
Request Date:	Date Required:	Previously Quoted On:	Estimated Delivery Date:		
		Quote Number:			

Truss Height @ Center of Building	Truss Height @ Eave	Truss Height @ Eave	If Pre-Engineered Building:		Court Layout	
			Height @ Eave:		Size of Main Court	
Type of Truss	Width of Gym (Inside)	Length of Gym (Inside)	Height @ Peak			
			Center to Center trusses			
Center to Center of Truss?	Does Bottom Chord Extend to Wall? If no, how far		Notes:(additional notes can be added to back sheet)			
Direction of truss in relation to M.Court Backboard?	Dimension of Wall to First Truss?					
Finished Ceiling (YES / NO)	If Yes, What Height	Wall Type				
Obstructions:				** Group Controller:		
(Select All That Apply)				*** Electric AAG Operation:		
Manufacture Specified:						
QUANTITY REQUIRED						
Backstop Model Number						
Backboard Model Number						
Goal Model Number						
Cushion Edge Model Number						
Hoist Model Number						
Operation: **						
Safstop Model Number						
Height Adjuster Model Number						
Elec. Height Adjuster Operator **/**						
Wall to Face of Board?						
Center of Unit to Nearest Wall?						
Custom Color Required						
If So What Color?						

Curtain / B-Cage / Mat Hoist	Width:	Height:	Volleyball System:	Quantity:	Addtl. Sleeves	Quantity:
QUANTITY REQUIRED			VB Accessories:	Quantity:	Addtl. Coverplates	Quantity:
Attachment:						
Vinyl Height / Vinyl Weight			VB Accessories:	Quantity:	Misc Accessories:	Quantity:
Curtain / B Cage / Mat Hoist	Width:	Height:				
			VB Accessories:	Quantity:	Misc Accessories:	Quantity:
QUANTITY REQUIRED			VB Accessories:	Quantity:	Misc Accessories:	Quantity:
Attachment:						
Vinyl Height / Vinyl Weight						
Wall Pads (Select Type)	Quantity	Size	Thickness	Foam	Fire / Crash Rating	Attachment Method

