

Company/Rink Name _____

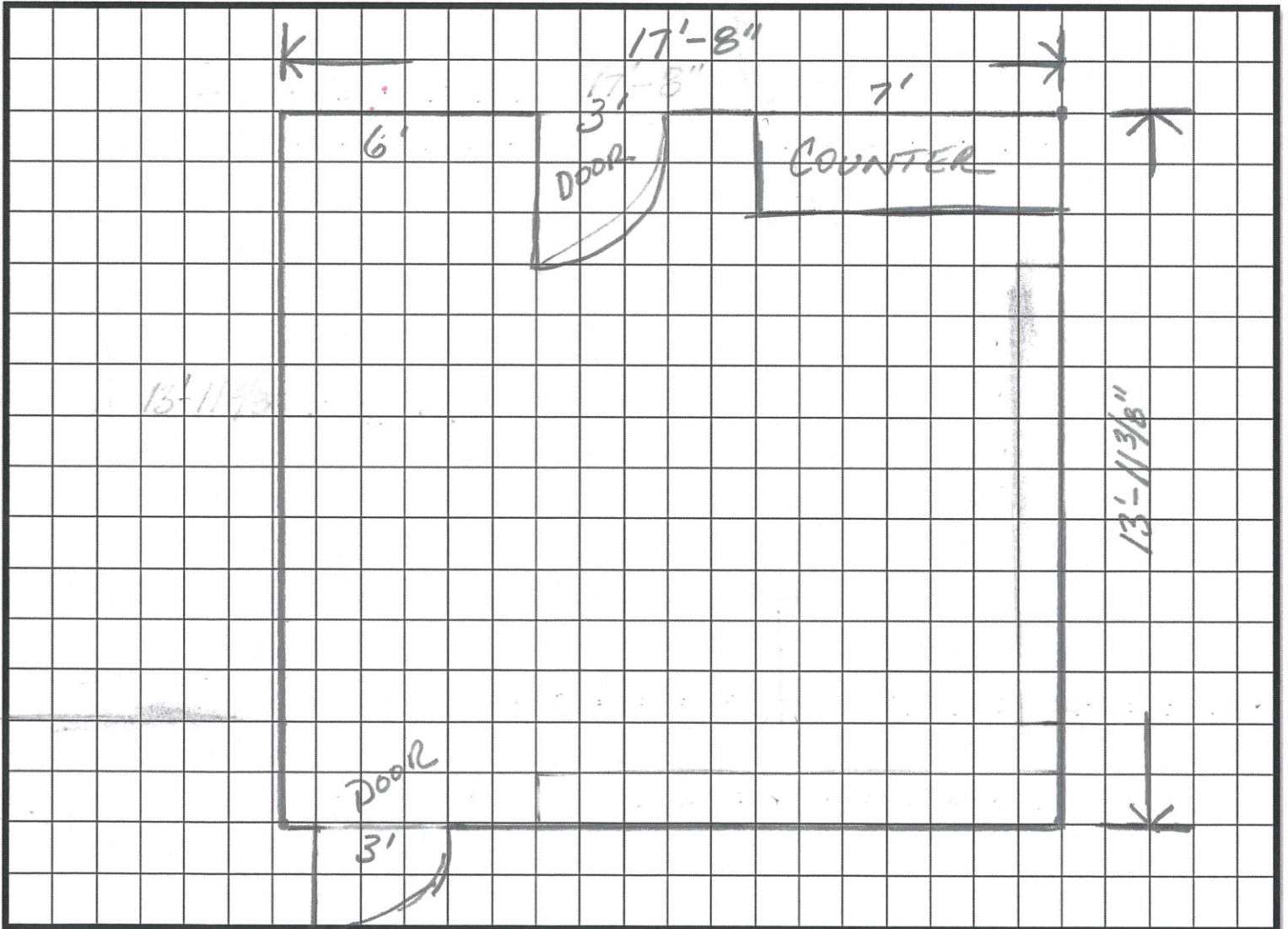
City _____ State _____ Date _____

Your Name sample Phone# _____

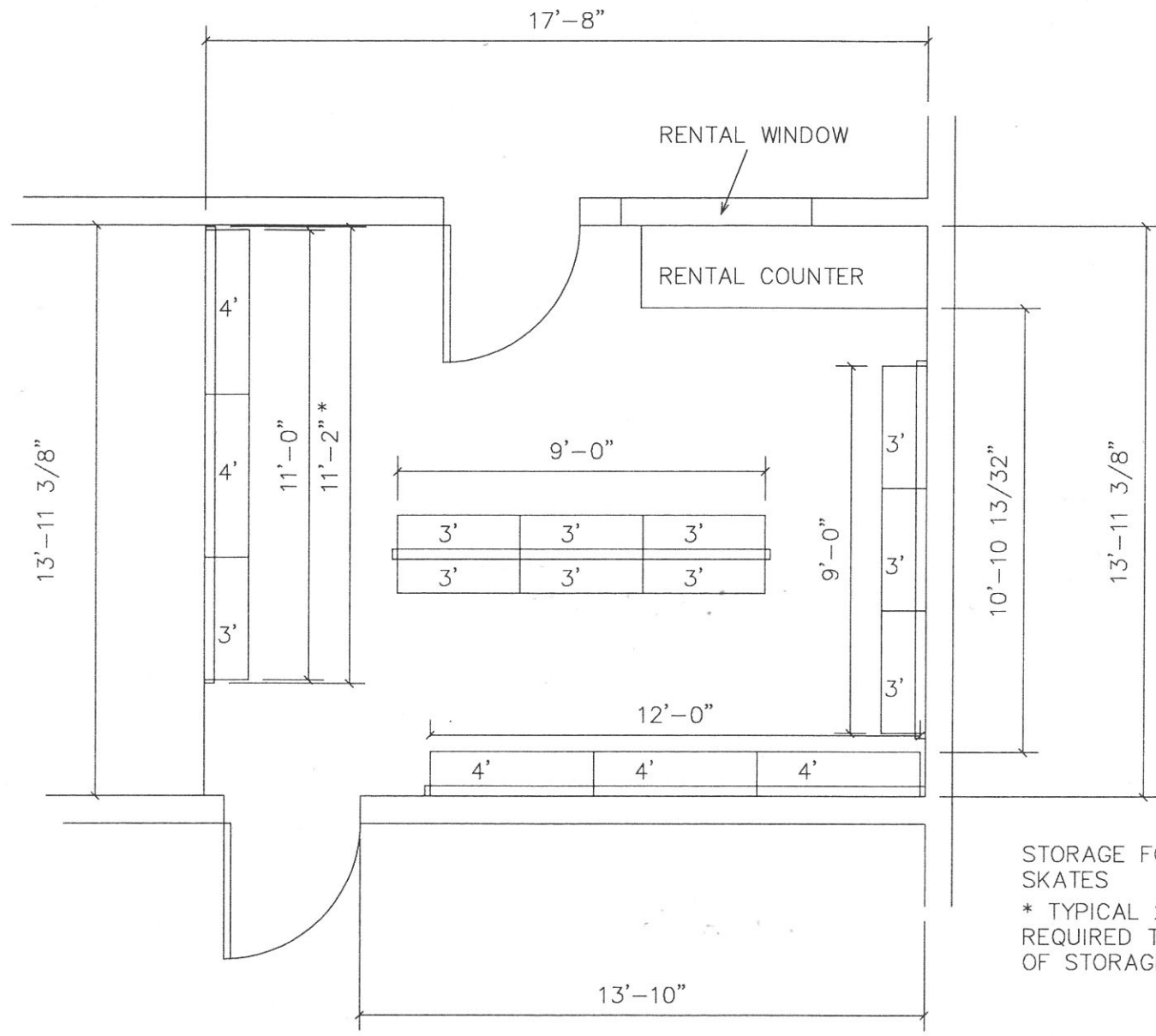
Email _____ Fax# _____

Please sketch on the room below length of each wall, location and width of each door and window. To help design your room we need to discuss available wall and floor space so if you have equipment in the room or columns or posts that we need to work around please indicate size and location of that too as accurate as possible. Fax back to 952-890-2680 or scan and email to your sales person or info@beckerarena.com

Number of Skates 375 Ceiling Height 9'0"



sample B



STORAGE FOR 390 PAIRS OF SKATES
 * TYPICAL 2" LARGER SPACE REQUIRED THAN NOMINAL LENGTH OF STORAGE SYSTEM

PROJECT:	
LOCATION:	
TITLE:	SKATE ROOM LAYOUT
SCALE:	N/A
 BECKER <small>ARENA PRODUCTS, INC.</small>	
<small>3270 COUNTY ROAD 42 WEST BURNSVILLE, MN 55337 (612) 890-2690 (800) 234-5522 FAX: (612)-890-2680</small>	
DRAWN BY:	LOH
CHK'D BY:	
DATE:	06-08-12
JOB NO.:	
DWG NO.:	SKATE RACKS