

Facility Name:

Facility Address:

Contact Name:

Contact Phone:

Contact Email:

Machine Model:

ETA:

Please provide the following pictures. Pictures should be emailed to sales@zamboni.com

— 4 pictures of the ice surface from center ice (North, South, East, West)

Please fill out measured glass height to the top of the ice surface. Indicate the resurfacer entrance on layout and provide door heights that the Zamboni machine would travel through.

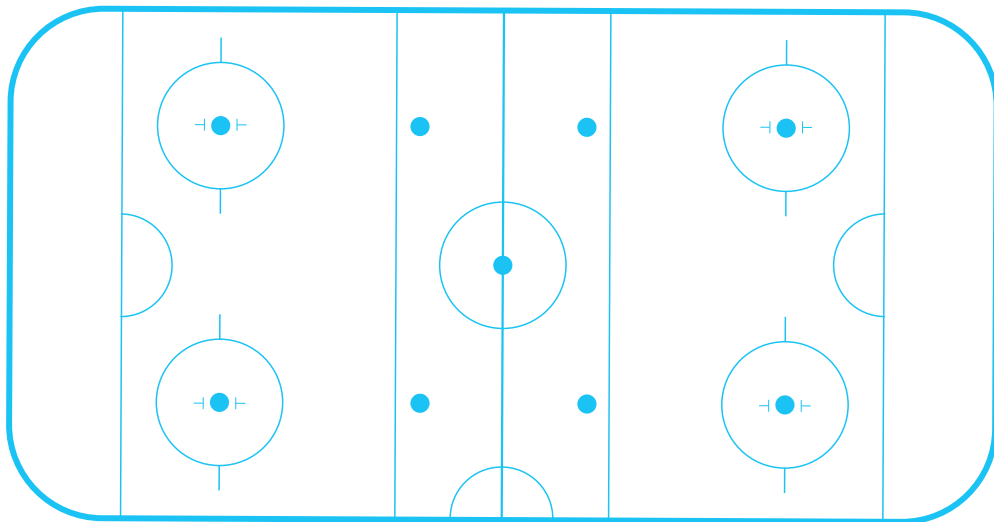
Glass Height:

Glass Height:

Glass Height:

Glass Height:

Glass Height:



Glass Height:

Facility Height Restrictions: Please provide the following measurements.

Resurfacer Room Door Height

From the Ice Surface:

From Outside:

Lowest pipe, light, or ceiling height under which the Zamboni machine travels: