

RESIDENT WELLNESS CENTER



APPLICATION

SITE INFORMATION

Name of Apartment Community: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Apt. Community Phone #: \_\_\_\_\_ Apt. Community Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Office Hours: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Property's Placed in Service Date: \_\_\_\_\_

RWC SPACE INFORMATION

How much space (sq. feet) is/will be dedicated to the RWC? \_\_\_\_\_

How many electrical outlets are/will be in this space? \_\_\_\_\_ Doors? \_\_\_\_\_ Windows? \_\_\_\_\_

Will you allow access to this center during non-supervised hours?  Yes  No

If yes, please describe how you will ensure the security of the equipment. \_\_\_\_\_

STATEMENT OF UNDERSTANDING & COMMITMENT

As the Owner or representative thereof, of the Project named in this Resident Wellness Center (RWC) Application, I have read and understand the "Resident Wellness Center Guidelines" and my responsibilities listed therein. I am committed to the implementation and administration of the RWC in my development.

Signature of Owner Representative

Date

As the Property/Site Manager of the Project named in this Resident Wellness Center (RWC) Application, I have read and understand the "Resident Wellness Center Guidelines" and my responsibilities listed therein. I am committed to the implementation and administration of the RWC in my development.

Signature of Property/Site Manager

Date

For office use only:
Net Equity Contribution: \_\_\_\_\_

**RESIDENT WELLNESS CENTER**



**ORDER FORM**

Name of Apartment Community: \_\_\_\_\_

Delivery Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

*Please do not exceed the maximum allowable amount of \$3,000 or \$5,000. Indicate your order request for an Indoor or Outdoor Resident Wellness Center below:*

**INDOOR RESIDENT WELLNESS CENTER**

Below is a list of standard equipment for an indoor RWC. You may view the equipment at <http://cahec.bodyworksfitness.net/>. (Please see the "Fitness Chart" link on Bodyworks' website to view individual posters.)

<i>Quantity</i>	<i>PRICE</i>	<i>ITEM</i>
_____	<u>\$1995</u>	Treadmill
_____	<u>\$1995</u>	Elliptical Trainer
_____	<u>\$1295</u>	Recumbent Bike
_____	<u>\$209</u>	Two-tier Horizontal Dumbbell Rack
_____	<u>\$296</u>	Dumbbells (set includes 10 weights up to 40lb)
_____	<u>\$80</u>	Dumbbells (set includes 10 weights up to 10lb)
_____	<u>\$162</u>	Flat Bench
_____	<u>\$40</u>	Exercise/Stretch Folding Mat
_____	<u>\$105</u>	Exercise Stretch Cords (set of 12)
_____	<u>\$10</u>	Fitness Charts (laminated)
<i>Total</i>	_____	

*Indicate your choice(s) for Fitness Charts below:*

Name of Fitness Chart \_\_\_\_\_  
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\_\_\_\_\_ \*TV/DVD Combo with Wall Mount  
*This item is not available through Bodyworks and will be ordered and shipped from Wal-Mart separately.*

**OUTDOOR RESIDENT WELLNESS CENTER**

While our preferred equipment provider is Flaghouse, please feel free to use other retailers. Call 1.800.793.7900 to order a Flaghouse catalog or visit [www.flaghouse.com/cat\\_pe\\_main.asp](http://www.flaghouse.com/cat_pe_main.asp) to view your outdoor equipment options. *Attach a separate page if necessary.*

<i>Quantity</i>	<i>Price</i>	<i>Item Description</i>	<i>Item Number</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For office use only:  
 Net Equity Contribution: \_\_\_\_\_