

Name _____ Company (if applicable) _____

Address / City / Zip _____

Phone _____ Email _____

The following information will be used to design your fitness station.

Lot size _____ Age-group of users _____ (circle) Indoor or Outdoor Installation?

Budget requirement _____ Colors (choose 2) _____ and _____

Enter standard model # _____ or, for custom design, indicate number of fitness stations in each box.

- | | | |
|---|---|--|
| <input type="checkbox"/> Crunch Sit-Up Bench | <input type="checkbox"/> Vertical Knee Raise | <input type="checkbox"/> Wide Grip Pull-Up Handles |
| <input type="checkbox"/> Incline Sit-Up Bench | <input type="checkbox"/> Gym Rings | <input type="checkbox"/> Overhead Ladder with Rails |
| <input type="checkbox"/> Flat Bench | <input type="checkbox"/> Pull-up Rings | <input type="checkbox"/> Overhead Ladder without Rails |
| <input type="checkbox"/> Multi-Purpose Bench | <input type="checkbox"/> Squat | <input type="checkbox"/> Heavy Bag |
| <input type="checkbox"/> Step-Up | <input type="checkbox"/> Push-Up | <input type="checkbox"/> Medicine Ball Toss |
| <input type="checkbox"/> Step-Up Grab Bar | <input type="checkbox"/> Push-Up / Dip | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Leg Stretch | <input type="checkbox"/> Angled Vault | <input type="checkbox"/> Lower Muscle Rope Attachment |
| <input type="checkbox"/> Back Extension | <input type="checkbox"/> Parallel Bars | <input type="checkbox"/> Suspension Trainer Attachment |
| <input type="checkbox"/> Back Stretch | <input type="checkbox"/> Parallel Bars / Horizontal Pull-Up | |
| <input type="checkbox"/> Angled Ladder | <input type="checkbox"/> Climbing Rope | |
| <input type="checkbox"/> Tricep Dip | <input type="checkbox"/> Pull-Up / Chin-Up | |
| <input type="checkbox"/> Tricep Dip Step | <input type="checkbox"/> Single Pole Chin-Up Bar | |

The graph below can be used to draw your space or desired StayFIT fitness system.

