



Please complete this profile as accurately as possible. The information you provide will be used for your price quote, as well as your product installation. If you have any questions about the club profile, please do not hesitate to contact your Project Coordinator at 866.315.0777.

Today's Date: _____ Projected Opening Date: _____

Contact Information:

Owner's Name: _____ Club Name: _____

Club Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Club #: _____

Anytime Fitness Franchise Consultant: _____

Preferred Method of Communication: Phone Mobile Email

Shipping Address:

Important: Please provide a secure shipping location. ProVision is not liable for items following shipment.

Check if same as above.

Address: _____

City: _____ State: _____ Zip: _____

Owner's Address (until club is open):

Address: _____

City: _____ State: _____ Zip: _____

Construction Company Information:

Company Name: _____ Office Phone: _____

Email: _____ Fax: _____

Contact Person: _____ Contact Cell: _____

General Facility Information:

1. How many square feet is the facility (length x width)? _____

2. What type of ceiling does the club have? Drop _____ Open _____ Sheetrock _____

3. What is the ceiling height to the bottom of the truss? _____ To the top of the truss? _____

If a drop ceiling, what is the height to the bottom of the drop ceiling? _____

4. Does the club layout include partial walls? Yes No

If so, please provide the following details: Wall Height: _____ Location: _____

4. Will a ladder be available for technician use? Yes No Height of ladder? _____

5. What type of ceiling trusses will be used? Metal Wood

6. Is the ceiling height the same throughout the facility? Yes No

7. How many offices will there be? _____

8. What color wire would you prefer? White (Plenum) Dark Color (PVC)

Note: Plenum wiring may be required for your facility, please verify this with your contractor.

From this point on, complete only those sections you want us to include in your price quote. For example, if you will be mounting your own televisions, please do not complete the section marked *TV Mounting*. **Also, please note the references to the *Additional Requirements*.** All site work that must be completed prior to the installation of PSS products is outlined in the *Additional Requirements*.

Office / Computer Section:

1. What type of Internet access will you have? Cable DSL Dialup

Would you like PSS to include a router (allows sharing of Internet access) in your price quote? Yes No

2. Will more than one computer in the club use the Check-In software? Yes No

If yes, the computers will need to be networked and able to share files before the software can be installed.

3. Would you like PSS to include an all-in-one printer in your price quote? Yes No

4. Would you like PSS to include point of sale peripherals in your price quote? Yes No

Return Policy: POS items have a no return policy. PSS will accept returns for consignment only.

See also: *Internet Access, Electrical Outlets, and Low Voltage Wiring* in Additional Requirements document.

Front Door Section:

1. Will there be any common areas that other businesses will share? Yes No

1. What material is the member door constructed of? Wood Metal

2. Is the member door a single door? Or, a double door?

If a double door, does it have a center rail? Yes No

3. Is there a vestibule before this door (i.e. area between exterior storefront doors and entry)? Yes No

If yes, which set of doors should have the proximity access system? 1st Set 2nd Set

If yes, is it glass or full wall? Glass Full Wall

4. Will more than one member entrance door be using a proximity access system? Yes No

If yes, how many? _____

5. In which direction does your member entrance face? N S E W

* We make camera recommendations based on the amount of light in the given coverage area for optimum quality and clarity.

See also: *Tailgate System and Door Strike* in Additional Requirements document.

Security System Section:

1. How many doors, other than the member entrance door(s), will there be to enter/exit the club? (Include all outside doors.) _____

2. How many wireless panic buttons will you require? (Four is the recommended minimum.) _____

3. Will additional rooms, other than the main office, need to be protected by a motion detector? (e.g. storage room, personal training office, etc.) Yes No

If yes, how many and where? _____

4. Would you like to have glass bugs installed? Yes No If yes, how many? _____

Number of external window panes: _____

Number of internal window panes: _____

Note: Glass bugs detect actual window pane movement, and are not triggered by decibel levels produced by club noise often found in free weight areas.

6. Would you like to have additional hardwired panic buttons? (One is required by AF.) Yes No
If yes, how many and where? _____

7. To secure additional components with contacts, please check all that apply:

AED Door

Television Sets

DVR Lockbox

See also: *Security System* and *Electrical Outlets* in Additional Requirements document.

Tanning Room Section:

Please Note: PSS is only able to install access control on tanning equipment purchased through an Anytime Fitness preferred vendor. Please provide a copy of the quote from the vendor to confirm.

1. How many tanning rooms will there be? _____

2. What company/MFG will be providing tanning beds? ProSun SunSource ETS

3. What type of bed will you be implementing? Stand Up Bed Lay Down Bed

4. Wall size will be: Full wall ¾ wall ½ wall

5. Type of doors: Wood Steel Aluminum

See also: *Tanning Beds* and *Electrical Outlets* in Additional Requirements document.

Closed Circuit Television (CCTV) Section:

1. Would you like camera coverage in the office? Yes No

2. Would you like a dedicated camera for the lobby? Yes No

3. Do the lights in the parking lot stay on all night? Yes No

4. What is the brightness of the parking lot on a scale of 0 - 10, with 0 being very low and 10 being very bright? _____

5. Would you like an external camera(s) guarding the outside entrance? Yes No
If yes, how many and where? _____

If yes, please confirm the installation with your landlord. _____

Will the area have an overhang? Yes No

6. Would you like a DVR lockbox? (This will secure the DVR with a contact connected to the security system.)
Yes No

See also: *Electrical Outlets* in Additional Requirements document.

Sound System Section:

1. What areas would you like to cover? _____

2. Into how many zones would you like the system to be split?
(i.e. the number of rooms would you like to have the ability to control the sound system.) _____

3. How many separate rooms would you like music to occupy? _____

4. What type of signal will you be receiving? Anytime Fitness Radio XM Radio Cable Satellite

Due to FCC regulations, ProVision cannot supply a music source.

See also: *Electrical Outlets* in Additional Requirements document.

TV Mounting Section:

ProVision Security Solutions can supply TVs, TV mounts, and the labor to install them. However, PSS is not able to add television mounts to your quote until you have provided us with the specific make, model, and size.

- 1. Would you us to quote Samsung or Vinio LCD TV monitors? YesNo
 If so, how many of each size? 32" # _____ 40" # _____ 46" # _____
- 2. How many televisions will you otherwise have that you would like mounts provided for? _____
- 3. What type of TVs will you be purchasing? Tube LCD Plasma
- 4. What screen size will the TVs have? _____

5. List the model name, number, and manufacturer of the TVs you will be purchasing.

- 6. Would you like PSS to include wireless FM transmitters? YesNo
 (FM transmitters connect to the audio out component of your television sets, and tune to an unused FM frequency to transmit TV volume. To listen to the TV, tune an FM receiver, e.g. an armband radio, to the frequency on the TV.)
- 7. How would you like the TVs to be mounted?
 Wall Mount # _____
 Ceiling Mount # _____
 Corner Mount # _____

- 8. If wall mounting, are the walls studded, poured concrete, or cinderblock? _____
 If studded, what material are the studs made of? Wood Metal
 If metal, what gauge (measurement) is the metal? _____
 What is the span, on center, of the studs? 16" 20" 24"

- 9. If ceiling mounting, what material are the trusses made of? Metal Wood
 What is the span, on center, of the trusses? _____
 Do they run parallel or perpendicular to the TV placement? _____
 What is the height from the bottom of the wooden truss to the floor? _____
 What is the height from the bottom of the Unistrut to the floor? _____

- 10. Is the height from the floor to the bottom of each truss the same? YesNo
 If not, list the varying measurements and the number of TVs that will be at each measurement.
 Height from floor to truss: _____ TVs at this height: _____
 Height from floor to truss: _____ TVs at this height: _____
 Height from floor to truss: _____ TVs at this height: _____
 Height from floor to truss: _____ TVs at this height: _____

Return Policy: TV mounts and accessories have a no return policy. PSS will accept returns for consignment only with a 50% restocking fee.

See also: *TV Mounting* and *Electrical Outlets* in Additional Requirements document.

When done, please return the profile, along with a diagram of your facility, to your project coordinator. The diagram can be hand-drawn or a CAD plan of the facility. It must show all exit doors, offices, walls, and television placements. **Fax the profile and diagram to: 651-438-8936 or email it to your Project Coordinator.**