



NHE Affiliate/Proctor Program Application (Fax to 949-272-2385)

Fitness center name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Management**

Owner (a) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Owner (b) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Owner (c) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Manager Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Director Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Facility**

Facility Total Square Footage: \_\_\_\_\_ Free Weight Space Total Square Footage: \_\_\_\_\_  
 Mechanical Machines Total Square Footage: \_\_\_\_\_ Cardio Space Total Square Footage: \_\_\_\_\_  
 Aerobic Floor Square Footage: \_\_\_\_\_ Main Lobby square Footage: \_\_\_\_\_

Showers	Y	N	Dry Sauna	Y	N	Steam Room	Y	N	Jacuzzi	Y	N
Swimming Pool	Y	N	Basketball	Y	N	Racquetball	Y	N	Massage	Y	N
Dining Area	Y	N	Juice Bar	Y	N	Snack Bar	Y	N	Kitchen	Y	N
Apparel Store	Y	N	Hydro densitometry Weighing	Y	N	Body Analysis	Y	N			

**Cardiovascular Equipment**

	Manufacturer (a)	How many?	Year purchased	Date of last service
Stationary Exercise Bike	_____	_____	_____	_____
	Manufacturer (b)	How many?	Year purchased	Date of last service
Stationary Exercise Bike	_____	_____	_____	_____
	Manufacturer (a)	How many?	Year purchased	Date of last service
Recumbent Exercise Bike	_____	_____	_____	_____
	Manufacturer (b)	How many?	Year purchased	Date of last service
Recumbent Exercise Bike	_____	_____	_____	_____

### Cardiovascular Equipment (continued)

	Manufacturer (a)	How many?	Year purchased	Date of last service
Treadmill	_____	_____	_____	_____
	Manufacturer (b)	How many?	Year purchased	Date of last service
Treadmill	_____	_____	_____	_____
	Manufacturer (a)	How many?	Year purchased	Date of last service
Elliptical	_____	_____	_____	_____
	Manufacturer (b)	How many?	Year purchased	Date of last service
Elliptical	_____	_____	_____	_____
	Manufacturer (a)	How many?	Year purchased	Date of last service
Step Machine	_____	_____	_____	_____
	Manufacturer (b)	How many?	Year purchased	Date of last service
Step Machine	_____	_____	_____	_____

### Weight Machine (Weight Stack)

Please mark with an (X) if you possess equipment below.

Upper Abdominal _____	Lower Abdominal _____	Oblique _____	Lat Pull down _____	Bent Over Row _____
Stationary Row _____	Biceps Curl _____	Chest Press _____	Chest Fly _____	Chest Pullover _____
Shoulder Press _____	Shoulder Lateral _____	Glute Raise _____	Prone Hamstring Curl _____	
Seated Hamstring Curl _____	Abductor _____	Adductor _____	Leg Extension _____	Seated Calve _____
	Standing Calve _____	Squat _____	Back Extension _____	

### Weight Machine (Olympic)

Please mark with an (X) if you possess equipment below.

Upper Abdominal _____	Lower Abdominal _____	Oblique _____	Lat Pull down _____	Bent Over Row _____
Stationary Row _____	Biceps Curl _____	Chest Press _____	Chest Fly _____	Chest Pullover _____
Shoulder Press _____	Shoulder Lateral _____	Glute Raise _____	Prone Hamstring Curl _____	
Seated Hamstring Curl _____	Abductor _____	Adductor _____	Leg Extension _____	Seated Calve _____
	Standing Calve _____	Squat _____	Back Extension _____	



## Weight Machine (Hydraulic)

Please mark with an (X) if you possess equipment below.

Upper Abdominal \_\_\_\_\_ Lower Abdominal \_\_\_\_\_ Oblique \_\_\_\_\_ Lat Pull down \_\_\_\_\_ Bent Over Row \_\_\_\_\_

Stationary Row \_\_\_\_\_ Biceps Curl \_\_\_\_\_ Chest Press \_\_\_\_\_ Chest Fly \_\_\_\_\_ Chest Pullover \_\_\_\_\_

Shoulder Press \_\_\_\_\_ Shoulder Lateral \_\_\_\_\_ Glute Raise \_\_\_\_\_ Prone Hamstring Curl \_\_\_\_\_

Seated Hamstring Curl \_\_\_\_\_ Abductor \_\_\_\_\_ Adductor \_\_\_\_\_ Leg Extension \_\_\_\_\_ Seated Calve \_\_\_\_\_

Standing Calve \_\_\_\_\_ Squat \_\_\_\_\_ Back Extension \_\_\_\_\_

## Free Weights

Please mark with an (X) if you possess equipment below.

Upper Pulley \_\_\_\_\_ Lower Pulley \_\_\_\_\_ Squat Rack \_\_\_\_\_ Incline Bench \_\_\_\_\_ Decline Bench \_\_\_\_\_

Smith Machine \_\_\_\_\_ Plyometric \_\_\_\_\_ Weight Assist \_\_\_\_\_ Cross- Cable \_\_\_\_\_ Preset Barbells \_\_\_\_\_

Dumbbells (Pounds) Please circle weights you **DO NOT** Have

1	2	3	5	6	8	10	12	15	20	25	30	35	40
45	50	55	60	65	70	75	80	85	90	95	100	110	120
	130	140	150	160	170	180	190	200	220	230	250		

## Group Exercise/Fitness

Name of Class: _____	Level of Intensity:	Beginner	Intermediate	Advanced
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