

**BALLY TOTAL FITNESS**  
**B FIT COMMUNITIES**  
**EQUIPMENT DONATION APPLICATION**  
(Please Print or Type)

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

\_\_\_\_\_

Brief Description of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-Profit Organization (Please Check One):      Yes \_\_\_\_\_      No \_\_\_\_\_

Cities Served by Your Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Equipment Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly Describe Why Your Organization Needs Fitness Equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Please fax completed form to Karyn Petkus at 773-399-0476.

**NOTE: Bally Total Fitness does not deliver equipment, all equipment must be picked up by the organization. Additionally, a receipt and release must be signed on behalf of the organization.**