

# CATALINA WORKSHEET FOR THE PRECUT SAUNA PACKAGE

(IMPORTANT: Completed CP worksheet must be signed and returned before order will be manufactured)

QUOTE  or ORDER  (Check one)

DATE \_\_\_\_\_  
 COMPANY NAME SAUNA WAREHOUSE  
 YOUR NAME \_\_\_\_\_  
 ADDRESS 6 Orchard, Ste. 201  
LAKE FOREST, CA 92630  
 PHONE # (800) 906-2242 FAX # (949) 699-0830  
 QUOTE # \_\_\_\_\_ P.O.# \_\_\_\_\_

SHIP TO:  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE # ( ) \_\_\_\_\_  
 FAX # ( ) \_\_\_\_\_

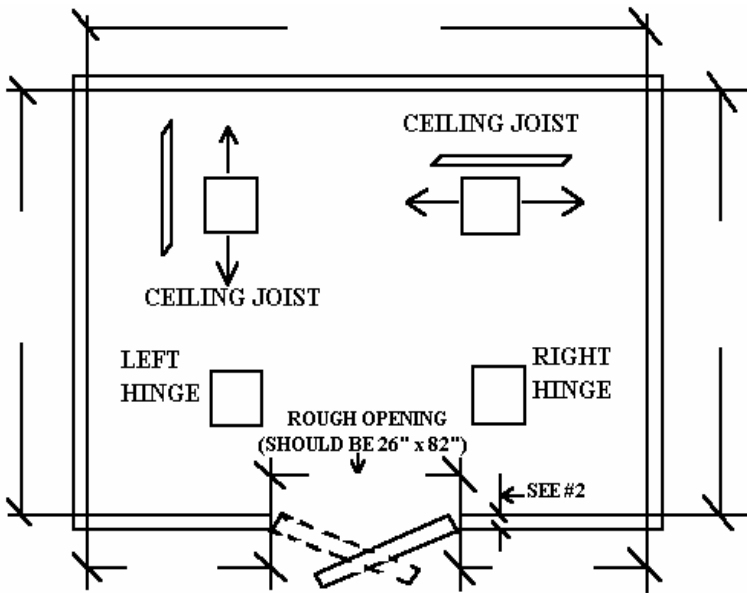
Please supply the following information **AFTER** framing regardless if the room is standard or a custom size.

**BOARDS ARE CUT FOR HORIZONTAL INSTALLATION.**

(\*) **Indicates Additional cost**

PLEASE INDICATE FINAL INTERIOR MEASUREMENTS ON THE SKETCH BELOW

Final measurements should be from stud to stud if room is framed with wood, or nailer to nailer if room is framed with metal studs. NOTE: We do not make any allowances for additional nailers or drywall, exact final dimensions are the responsibility of the person signing form. (or, draw your own sketch on the back of this paper.)



- 1) Ceiling Height \_\_\_\_\_  
 \_\_\_\_\_ Recommended height 7' 0",  
 Minimum 6' 2". (\*)Over 7'
- 2) Total wall thickness (framing + drywall + our 3/4")  
 = \_\_\_\_\_ Total Jamb (\*) Over 5 1/4"  
 Door Rough Opening = \_\_\_\_\_
- 3) POWER SUPPLY AT JOBSITE IS: 240v, 1ph   
 208v, 3ph  208v, 1ph
- 4) CATALINA HEATER INFO:  
 Heater Model: \_\_\_\_\_  
 Control: \_\_\_\_\_ Contactor: \_\_\_\_\_
- 5) INTERIOR WOOD:  
 Western Red Cedar (Standard)

- 6) Fill in exact **inside measurements** of **each wall** and **each side of door** in spaces provided.
- 7) Check the **direction** of **YOUR ceiling joists** in the box provided.
- 8) Standing outside the room and facing the door (door must open out toward you) do you want the hinge on **left** or **right**? **Check box.**
- 9) By drawing an  indicate the location for the Sauna heater. Is the wiring installed **YES** or **NO**. (circle one)
- 10) Type C building foil (added Vapor Barrier) included in package.
- 11) Additional information \_\_\_\_\_

- 12) Please specify Glass Choice: Grey (Standard)  Clear  Palm Tree Positive Etched\*  Palm Tree Negative Etched\*   
 Obscure\*  Birch Leaf Postive Etched\*  Birch Leaf Negative Etched\*

13) Please sign and fax this form to:  
 (949) 699-0830

\_\_\_\_\_  
 (SIGNATURE)