

Minnesota State University, Mankato  
Office of Campus Recreation  
**Personal Training Program 2011-12**  
Invoice Form

Name: \_\_\_\_\_ Tech ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Customized Exercise Plan**                      \_\_\_ \$20 Student                      \_\_\_ \$30 Faculty/Staff

**Personal Training**

Student:	___ \$50 (3 sessions)	Faculty/Staff	___ \$75 (3 sessions)
	___ \$75 (5 sessions)		___ \$110 (5 sessions)
	___ \$125 (10 sessions)		___ \$200 (10 sessions)
	___ \$200 (20 sessions)		___ \$300 (20 sessions)

**COST CENTER: 331400                      OBJECT CODE: 9799**

Please complete this form (top & bottom) and pay the appropriate fee to the cashier in the Wigley Administration Building-WA128. Bring back the bottom half receipted by the cashier to your first training session. No services will be rendered without payment.

**\*Unless cancelled or rescheduled at least EIGHT hours in advance, any sessions you are scheduled for but do not attend will still be counted as a session and your payment will be forfeited\***

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Office of Campus Recreation  
**Personal Training Program 2010-11**  
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