

Minnesota State University, Mankato
Office of Campus Recreation
Personal Training Program 2009-10
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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