

Minnesota State University, Mankato  
Office of Campus Recreation  
**Fitness Assessment Program 2009-10**  
Invoice Form

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

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

**FITNESS ASSESSMENT\***    \_\_\_ \$20 Student    \_\_\_ \$30 Faculty/Staff

\*You must complete a health history questionnaire and be approved for a fitness assessment before any services are rendered

**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 fitness assessment. No services will be rendered without payment.

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