

Minnesota State University, Mankato
Office of Campus Recreation
Fitness Assessment Program 2011-12
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 received by the cashier to your fitness assessment. No services will be rendered without payment.

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