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**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td><strong>Faculty/Staff</strong></td>
</tr>
<tr>
<td>$50 (3 sessions)</td>
<td>$75 (3 sessions)</td>
</tr>
<tr>
<td>$75 (5 sessions)</td>
<td>$110 (5 sessions)</td>
</tr>
<tr>
<td>$125 (10 sessions)</td>
<td>$200 (10 sessions)</td>
</tr>
<tr>
<td>$200 (20 sessions)</td>
<td>$300 (20 sessions)</td>
</tr>
</tbody>
</table>

**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*  
-----------------------------------------------------------------------------------------------------------------------------

Minnesota State University, Mankato  
Office of Campus Recreation  
**Personal Training Program 2010-11**  
Invoice Form

Name: __________________________  
Tech ID #: _________________________

Phone #: _________________________  
Email Address: __________________________

**Customized Exercise Plan**  
___ $20 Student  
___ $30 Faculty/Staff

**Personal Training**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td><strong>Faculty/Staff</strong></td>
</tr>
<tr>
<td>$50 (3 sessions)</td>
<td>$75 (3 sessions)</td>
</tr>
<tr>
<td>$75 (5 sessions)</td>
<td>$110 (5 sessions)</td>
</tr>
<tr>
<td>$125 (10 sessions)</td>
<td>$200 (10 sessions)</td>
</tr>
<tr>
<td>$200 (20 sessions)</td>
<td>$300 (20 sessions)</td>
</tr>
</tbody>
</table>

**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*