

Royce & Pam Money Student Recreation & Wellness Center

PERSONAL TRAINING ENROLLMENT FORM

PLEASE PRINT

NAME: _____

BANNER: _____

EMAIL: _____

PHONE: _____

PLEASE CIRCLE

TRAINING TYPE PURCHASED INDIVIDUAL or BUDDY

NUMBER OF SESSIONS 1 3 6 9 12

TRAINER RUTHIE JACKIE BETH JOSIE

CLASSIFICATION FR SO JR SR GRAD FACULTY/STAFF ALUMNI OTHER

PAYMENT CASH/CHECK CREDIT/DEBIT CHARGE TO ACCOUNT
AMOUNT \$ ____ . ____

STOP: Charge to Accounts Only

I hereby authorize ACU to charge my student/employee account for payment of my participation in the program or for the purchase of services. This charge will appear on my student/employee account activity, which is viewable in the *Wildcat Pay Portal*, and subject to late fees and finance charges assessed by ACU if not paid according to my statement due date.

SIGNATURE: _____

DATE: _____

SRWC Employee: _____