

Fayetteville Technical Community College

FITNESS CENTER PAYMENT INVOICE

To: FTCC Cashier

From: Fitness Center Technician

Date: _____

_____, is eligible to pay the required fee of \$_____,
for evaluation and/or membership at the Fitness Center.

STATUS: Please place an "X" in the appropriate box.

Curriculum Student

Full Time _____

Part Time _____

Continued Ed Student

Enrolled in 8-16 Week Program

Begin date of program _____

Ending Date of Program _____

Full Time employee

Faculty _____

Staff _____

Spouse _____

Dependent _____

Part Time Employee

Faculty _____

Staff _____

Special Guest

Retiree _____

Board member _____

BM Spouse _____

Dependent _____

Program: _____

Semester: _____

Datatel number: _____

NOTE: \$5.00 evaluation fee is valid for one academic year (August – May).

\$5.00 For the 8-week summer semester (May-July).

\$25.00 Fee for one semester for spouse/dependent of full time Faculty/staff/Board members.

\$14.00 membership and \$5.00 eval fee for Con-Ed students. Valid for 1 academic year (August-May).

Larzaris R. Butler, Department Chair of Phys. Education Department

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