

MIDDLE BUCKS INSTITUTE OF TECHNOLOGY

2740 York Rd.
Jamison, PA 18929
Attn: Student Forms

TEL: 215-343-2480
FAX: 215-343-8626

Invoice / Statement For:

Sports Therapy Exercise Management - New Students

Description	Price per item	Quantity	Total per item
Student Activity Fee (covers SkillsUSA student organization events and a portion of the cap & gown package for Senior Recognition)	\$30.00	1	\$30.00
CPR BLS Healthcare Provider w/ AED	\$10.00	1	\$10.00
HOSA Chapter Dues	\$30.00	1	\$30.00
Prices include shipping and handling			
Total Balance Due to MBIT By: August 31, 2024			\$70.00

If you are unable to pay the total balance in full by the due date, please contact the Guidance office.

Please detach and return bottom portion



Reminder: Please include this bottom portion with your **check made payable to "MBIT"**, or MasterCard/Visa information, along with other required student forms. Your cancelled check or credit card statement will serve as your receipt of payment.

REMITTANCE:

Student Name: _____
Course of Study: **Sports Therapy Exercise Management- New Students**
Amount Due: **\$70.00**
Amount Enclosed: _____

If paying via Credit Card:

Name of Cardholder: _____

Mastercard/Visa #: _____ - _____ - _____ Exp. Date: ____ / ____

CVC (3 digit code on back of card) ____

MBIT USE ONLY:

DATE RECEIVED / INITIALS

CASH / CHECK / CREDIT
SEM 6790-670