INVOICE

Instructor: [Instructor Name/Academy]
Certification: [Level/Organization]

Date: [Date]
Invoice #: [000]

CLIENT

[Client Name]
[Phone/Email]
[Resort/Location]

PAYMENT INFO

Method: [Credit Card / Transfer / Cash]
Due Date: [Date]

Ski Package / Service Description	Rate	Days/Qty	Amount
[e.g. 3-Day Private Performance Clinic]	$0.00	0	$0.00
[e.g. Video Analysis & Assessment Fee]	$0.00	0	$0.00
[e.g. Equipment Consultation]	$0.00	0	$0.00

Subtotal: $0.00
Tax: $0.00
Total Balance: $0.00

Terms: Full payment is required prior to the start of the session. Cancellations must be made 48 hours in advance.

Thank you for choosing professional instruction. See you on the slopes!