

**[SCHOOL NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number]

**INVOICE**

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

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**BILL TO:**

Student Name: \_\_\_\_\_  
Rank/Level: \_\_\_\_\_  
Email: \_\_\_\_\_

**BILLING PERIOD:**  
[Month, Year]

Description	Amount
Monthly Tuition / Membership Fee	\$ 0.00
Testing / Promotion Fees	\$ 0.00
Equipment / Uniform (Gi)	\$ 0.00
Other: _____	\$ 0.00

Description	Amount
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<b>TOTAL DUE:</b>	<b>\$ 0.00</b>
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**Notes / Terms:**

Please make checks payable to **[School Name]**. Monthly dues are required by the 5th of each month to avoid a late fee.

"The more you sweat in training, the less you bleed in combat."  
Thank you for being a part of our Dojo!