

PERFORMANCE INVOICE

[Business Name/Trainer Name]
[Address Line 1]
[Email/Phone]

INVOICE # [0000]
DATE [Month DD, YYYY]

ATHLETE INFORMATION

[Athlete Name]
[Parent/Guardian Name]
[Address]
[Phone Number]

BILLING PERIOD

[Start Date] - [End Date]

TRAINING DESCRIPTION	SESSIONS/QTY	RATE	AMOUNT
[Monthly Training Package - e.g., Elite Performance]	[0]	\$0.00	\$0.00
[Individual Skill Sessions]	[0]	\$0.00	\$0.00
[Recovery/Nutrition Consulting]	[0]	\$0.00	\$0.00

Subtotal: **\$0.00**

Discount: **(\$0.00)**

TOTAL DUE: \$0.00

PAYMENT METHODS

[Venmo/Zelle Details]
[Bank Transfer Details]
[Check Payable To]

DUE DATE

Upon Receipt / [Date]

Thank you for your commitment to excellence. Please note that a 24-hour cancellation policy applies to all scheduled sessions. Late payments may be subject to a 5% service fee.