

INVOICE

[Trainer/Academy Name]
[Business Address]
[Phone Number]

Invoice #: _____
Date: _____

CLIENT / ATHLETE:

[Athlete Name]
[Guardian Name if applicable]
[Address]
[Email/Phone]

TRAINING DETAILS:

Sport: _____
Coach: _____
Location: _____

DATE	SKILL/SESSION FOCUS	DURATION	RATE	AMOUNT

Subtotal: \$ _____

Facility/Equipment Fee: \$ _____

TOTAL DUE: \$ _____

Payment Instructions:

Please make checks payable to [Payee Name] or pay via [Digital Payment Method].
Payment is due within [Number] days of training.

Thank you for your hard work and commitment to excellence!