

# INVOICE

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

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

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**BILL TO:**

Athlete: [Name]  
Sport: [Specific Sport]  
[Address/Contact]

Training Description	Sessions/Hours	Rate	Total
Individual Technical Skills Training			
Strength & Conditioning (Sport Specific)			
Performance Assessment / Video Analysis			
Facility / Equipment Fee			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

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**Payment Instructions:**

Please make checks payable to [Trainer Name] or via [Payment App ID].  
Payment is due within [Number] days of invoice date.