

DEPOSIT INVOICE

[Fitness Studio Name]
[Address Line 1]
[Phone / Email]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name / Organization]
[Address]
[Phone / Email]

EVENT DETAILS:

Group Type: [Private/Corporate/Team]
Event Date: [Date]
Participant Count: [Estimate]

Description	Quantity/Rate	Total
Group Fitness Session Booking (Deposit)	1 x [Price]	[Amount]
Equipment Rental / Facility Fee (Deposit)	1 x [Price]	[Amount]
Subtotal: \$0.00		
Tax: \$0.00		

TOTAL DEPOSIT DUE: \$0.00

Payment Instructions:

[Payment Methods: Bank Transfer / Card / Online Link]

Note: Deposits are required to secure your time slot. Cancellations made less than [48] hours before the session may result in a forfeited deposit.