

INVOICE

Deposit for Group Fitness Services

Invoice #: _____

Date: _____

Instructor / Provider:

Name: _____

Phone: _____

Email: _____

Bill To (Group/Organization):

Contact: _____

Address: _____

Phone: _____

Description of Services	Event Date	Participants	Amount
Group Session: _____	_____	_____	\$ _____
Total Service Fee:			\$ _____

Total Contract Value: \$ _____

DEPOSIT DUE (___ %): \$ _____

Remaining Balance: \$ _____

Payment Information:

Payment Method: _____

Due Date: _____

Terms: This deposit is non-refundable and secures the date and time listed above. The remaining balance is due on or before the day of the event.

Thank you for your business!