

FITNESS STUDIO

DEPOSIT INVOICE

Date: _____
Invoice #: _____

CLIENT / GROUP NAME
CONTACT PERSON
EMAIL / PHONE
EVENT/SESSION DATE
GROUP SIZE
INSTRUCTOR

Description of Services	Rate	Qty	Total
Group Session Booking - Deposit Required	\$_____	_____	\$_____
Facility / Equipment Rental Fee	\$_____	_____	\$_____

Subtotal: \$_____

Tax: \$_____

Deposit Due: \$_____

NOTES / CANCELLATION POLICY

Deposits are non-refundable if cancelled within 48 hours of the event. Remainder balance is due on the day of the session.

Thank you for choosing our studio for your group fitness experience!