

[Organization/Instructor Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

DEPOSIT INVOICE

Date: [Date]
Invoice #: [0000]

Bill To:

[Client Name / Group Representative]
[Client Address]
[Contact Number]

Program Details:

Program: [Exercise Program Name]
Start Date: [Date]
Location: [Venue/Studio Name]

Description	Quantity/Participants	Rate	Total
Group Exercise Program Enrollment Deposit	[Qty]	[\$[0.00]]	[\$[0.00]]
Facility/Equipment Reservation Fee	1	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Deposit Amount Due: \$[0.00]

Payment Terms & Notes:

This deposit is required to secure your registration and is [refundable/non-refundable]. The remaining balance is due on [Date]. Please make checks payable to "[Organization Name]" or pay via [Payment Method].