

# DEPOSIT INVOICE

[Business Name]  
[Address Line 1]  
[Email/Phone]

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

## Client / Group Leader:

[Name]  
[Company/Organization]  
[Phone Number]

## Workout Details:

Package: [Package Name]  
Scheduled Date: [Date]  
Estimated Participants: [Qty]

Description	Package Rate	Deposit %	Amount Due
Group Workout Package Deposit (Non-refundable)	\$ _____	_____ %	\$ _____

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

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

**Total Deposit Due: \$ \_\_\_\_\_**

## Terms & Conditions:

- Deposit is required to confirm the date and time slot.
- Remaining balance is due [Number] days prior to the event date.
- Cancellations made within [Number] hours are subject to forfeit of deposit.

Thank you for choosing [Business Name]!