

[Trainer or Business Name]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email/Website]

DEPOSIT INVOICE

Invoice #: _____

Date: _____

Bill To (Group Representative):

[Name]

[Address]

[Phone]

Package Details:

Group Name: _____

Total Members: _____

Start Date: _____

Description	Quantity	Unit Price	Total
Group Training Package: [Package Name]	1	\$0.00	\$0.00
Non-Refundable Deposit (Required to Book)	1	\$0.00	\$0.00

Full Package Price: \$ _____

Deposit Amount Due: \$ _____

Remaining Balance: \$ _____

Terms & Conditions:

This deposit is required to secure the training schedule for the group. The remaining balance must be paid in full by [Date/Event]. Deposits are non-refundable in the event of cancellation within [Number] days of the start date.

Payment Methods:

[Venmo/Zelle/Bank Transfer Details]