

DEPOSIT INVOICE

Invoice #: _____

Date: _____

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

Bill To:

[Team/Organization Name]

[Contact Person Name]

[Address Line 1]

Program Details:

Package: [Package Name]

Start Date: [Date]

Athletes: [Number of Participants]

Description	Quantity	Unit Price	Total
Team Personal Training Package - Full Value	1	\$0.00	\$0.00
Non-Refundable Deposit (Due Now)	1	\$0.00	\$0.00

Package Subtotal: \$0.00

Amount Due Today: \$0.00

Remaining Balance: \$0.00

Terms & Conditions:

1. This deposit is required to secure the training schedule for the team.
2. The remaining balance is due by [Date] or [Installment Terms].
3. Please make checks payable to "[Business Name]" or pay via [Online Method].