

DEPOSIT INVOICE

Invoice #: [0000]

Date: [Date]

[Trainer/Company Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

BILL TO (GROUP REPRESENTATIVE)

[Contact Name]

[Group/Organization Name]

[Phone Number]

[Email Address]

TRAINING SCHEDULE

Program: [Program Name/Type]

Start Date: [Date]

Group Size: [Number of Participants]

Description of Services	Group Rate	Deposit %	Amount
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Group Training Deposit			
Secures booking for [Number] sessions	\$[0.00]	[00]%	[\$0.00]

Total Program Cost: \$[0.00]

DEPOSIT DUE: \$[0.00]

PAYMENT INSTRUCTIONS

Please remit payment via [Zelle / Venmo / Bank Transfer].
Account Details: [Account Number/Handle]

Terms: Deposits are non-refundable. Remaining balance is due [Number] days prior to start date.

Thank you for choosing [Trainer Name] for your group fitness goals.