

DEPOSIT INVOICE

[Fitness Studio Name]

[Business Address]

[Email/Phone]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name/Group Rep]

[Client Address]

[Client Phone]

SESSION DETAILS:

Training Type: [e.g., HIIT / Yoga / Strength]

Group Size: [Number of Participants]

Scheduled Date: _____

Description	Quantity	Unit Price	Total
Group Fitness Session Package (Total Value)	[]	\$0.00	\$0.00
Non-Refundable Booking Deposit	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Deposit Amount Due: \$0.00

Payment Instructions: [e.g., Bank Transfer, Credit Card Link, or Check information]

Terms: This deposit is required to secure the scheduled time slot for your group. The remaining balance is due [X] days prior to the session or upon arrival.

Thank you for choosing [Fitness Studio Name] for your group training!