

# FEE ESTIMATE

## Athletic Training Services

[Business Name]

[Address Line 1]

[City, State, Zip]

**Estimate #:** [000]

**Date:** [MM/DD/YYYY]

**Valid Until:** [MM/DD/YYYY]

## Client / Organization:

[Contact Name]

[Organization Name]

[Phone Number]

## Event/Project:

[Event Name]

[Location]

[Date of Service]

| Description of Service      | Rate Type   | Qty/Hrs | Unit Price | Total  |
|-----------------------------|-------------|---------|------------|--------|
| Initial Assessment & Taping | Per Session | [0]     | \$0.00     | \$0.00 |
| On-Site Event Coverage      | Hourly      | [0]     | \$0.00     | \$0.00 |
| Rehabilitation Follow-up    | Per Athlete | [0]     | \$0.00     | \$0.00 |
| Medical Supplies Surcharge  | Flat Fee    | [0]     | \$0.00     | \$0.00 |

Subtotal: \$0.00

Tax: \$0.00

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**Total Estimate: \$0.00**

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**Terms & Conditions:**

This is a fee estimate only and not a final invoice. Final costs may vary based on actual hours worked and supplies consumed. A deposit of [0]% is required to secure booking. Please sign and return to confirm acceptance of these estimated rates.