

ESTIMATE

Trainer: [Business Name/Your Name]

Phone: [Phone Number]

Email: [Email Address]

Estimate #: [00001]

Date: [MM/DD/YYYY]

Valid Until: [MM/DD/YYYY]

Client Name: [Client Name]

Training Location: [Street Address / Home / Gym Name]

Service Frequency: [e.g., 2x Weekly]

Description of Services	Qty/Hrs	Rate	Amount
Personal Training Sessions (Mobile/In-Home)		\$	\$
Initial Fitness Assessment & Goal Setting		\$	\$
Travel/Transportation Fee		\$	\$
Customized Nutrition/Workout Plan		\$	\$

Subtotal: \$0.00

Tax/Fees: \$0.00

Total Estimate: \$0.00

Notes: This is an estimate for services and not a final invoice. Sessions must be cancelled 24 hours in advance to avoid a charge. All training packages are valid for [Number] days from purchase.

Signature: _____