

# SERVICE ESTIMATE

**Trainer Name / Studio**  
Address Line 1  
City, State, Zip  
Email: contact@email.com

ESTIMATE #: \_\_\_\_\_  
DATE: \_\_\_\_\_  
VALID UNTIL: \_\_\_\_\_

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## CLIENT INFORMATION:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Service Description	Qty/Sessions	Rate	Amount
Personal Training Sessions			
Nutritional Consultation			
Fitness Assessment			

Subtotal: \$ \_\_\_\_\_  
Discount: \$ \_\_\_\_\_

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**Total Estimate: \$ \_\_\_\_\_**

**Notes:**

- Payment terms and cancellation policy apply.
- This is an estimate only, not a final bill.