

[TRAINER OR GYM NAME]

[ADDRESS LINE 1]
[PHONE NUMBER]
[EMAIL ADDRESS]

ESTIMATE

Date: _____
Estimate #: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

PROGRAM DETAILS

Goal: _____
Duration: _____
Expiry: _____

Service Description	Qty/Sessions	Rate	Amount
Personal Training Sessions (1-on-1)		\$	\$
Nutritional Guidance / Meal Planning		\$	\$
Fitness Assessment & Consultation		\$	\$

Service Description

Qty/Sessions

Rate

Amount

Subtotal \$ _____

Tax (___ %) \$ _____

Total Estimate \$ _____

Notes / Terms:

â€¢ Estimates are valid for 30 days from the date issued.

â€¢ 24-hour cancellation policy applies to all scheduled sessions.

â€¢ This is an estimate only; final costs may vary based on package adjustments.

Trainer Signature

Client Signature