

ESTIMATE

[Trainer Name/Business]

[Address Line 1]

[City, State, Zip]

[Phone Number]

Estimate #: [001]

Date: [MM/DD/YYYY]

Expiry: [MM/DD/YYYY]

Client:

[Client Name]

[Address]

[Phone Number]

Training Focus:

[e.g., Mobility, Strength, Balance]

Description of Services	Qty/Hrs	Rate	Amount
Senior Fitness Assessment & Consultation	1	\$0.00	\$0.00
Personalized Training Sessions (Package)	10	\$0.00	\$0.00
Home Mobility Equipment Sourcing	1	\$0.00	\$0.00
Nutritional Guidance & Meal Planning	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Estimate: \$0.00

Notes & Terms:

- This is an estimate for services and not a final invoice.
- 24-hour cancellation notice is required for all sessions.
- Physician clearance may be required before starting certain regimens.