

TRAINING ESTIMATE

[Business Name]

[Address Line 1]

[City, State, Zip]

Estimate #: _____

Date: _____

Expires: _____

Athlete Info:

[Name]

[Phone]

[Email]

Program:

[Sport Type]

[Duration/Season]

Description of Services	Qty/Hrs	Rate	Amount
Initial Movement Assessment & Baseline Testing			
Individualized Strength & Conditioning Sessions			
Speed, Agility & Plyometric Training			
Recovery & Mobility Programming			
Nutritional Consultation / Supplement Plan			

Subtotal: \$ _____

Discount/Package Credit: (\$ _____)

Total Estimate: \$ _____

Notes: This is an estimate for services rendered. Final costs may vary based on attendance and additional recovery services requested.

Payment Terms: [e.g., 50% due at commencement, 50% at midpoint]