

ESTIMATE

Strength & Conditioning

No: _____

Date: _____

Provider:

[Business Name]

[Address Line 1]

[City, State, Zip]

[Phone/Email]

Client / Athlete:

[Client Name]

[Team/Organization]

[Address Line 1]

[Email]

Service Description	Qty / Hrs	Rate	Amount
Initial Performance Assessment & Screening			
S&C Program Design (Custom Periodization)			
1-on-1 Coaching Sessions			
Team/Group Training Sessions			
Nutritional Consultation / Monitoring			
Subtotal: \$0.00			
Tax: \$0.00			
Total Estimate: \$0.00			

Notes & Terms:

Estimate valid for 30 days. Payments are due according to the agreed training block schedule. Cancellations require 24-hour notice to avoid billing. This is not a final invoice.