

YOGA ESTIMATE

Estimate #: _____

Date: _____

[Instructor Name/Studio]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email/Website]

CLIENT:

[Client Name]

[Client Address]

[Client Phone/Email]

SESSION DETAILS:

Location: [Studio/Home/Virtual]

Frequency: [Weekly/One-time]

Validity: Estimate valid for [Number] days

Description of Service	Qty/Hrs	Rate	Total
Private Yoga Session ([Duration] mins)		\$	\$
Travel Fee / Equipment Rental		\$	\$
Specialized Workshop/Add-on		\$	\$

Subtotal: \$ _____

Discount (Package/Bulk): -\$ _____

Estimated Total: \$ _____

Notes & Terms:

1. This is an estimate, not a final invoice. Prices subject to change based on scheduling modifications.
2. Cancellation Policy: Sessions cancelled with less than [24/48] hours notice may incur a fee.
3. Payment due [upon receipt/at time of session].

Namaste.