[SCHOOL NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]

BILL TO:

[Student Name]
[Student ID / Belt Rank]
[Email Address]

MEMBERSHIP PERIOD:

[Start Date] to [End Date]

Description	Qty	Unit Price	Total
Monthly Membership Tuition	1	$0.00	$0.00
Testing / Grading Fees	-	$0.00	$0.00
Equipment / Uniform (Gi)	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Please make checks payable to **[School Name]**

"The more you sweat in training, the less you bleed in combat."