YOGA STUDIO NAME

123 Serenity Lane
Wellness City, ST 12345
contact@yogastudio.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Client Name: _____
Email: _____
Membership ID: _____

Description	Period	Amount
Monthly Unlimited Membership	___/___ to ___/___	$ 0.00
Additional Workshop / Locker Rental	-	$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00
Total: $ 0.00

Thank you for practicing with us.

Note: Membership fees are non-refundable and subject to studio terms and conditions.