

# [STUDIO NAME]

[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

## INVOICE

**Date:** \_\_\_\_\_

**Invoice #:** \_\_\_\_\_

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### BILL TO:

[Member Name]  
[Member Address]  
[Member Email]

### MEMBERSHIP TYPE:

[Class Pass Tier/Package Name]

Description	Qty / Credits	Unit Price	Amount
[Package Name] Class Pass Credits	_____	_____	_____
Registration/Processing Fee	_____	_____	_____

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

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**Notes:** Class passes expire [Number] days from date of purchase. Non-transferable and non-refundable.

Thank you for riding with us!