

[STUDIO NAME]

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

INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Student/Parent Name]
[Address]
[Email]

MEMBERSHIP PERIOD:

[Month, Year]

Description	Quantity	Unit Price	Total
Monthly Membership Fee - [Plan Name]	1	\$0.00	\$0.00
Additional Class: [Class Name]		\$0.00	\$0.00
Registration/Recital Fee (if applicable)		\$0.00	\$0.00

Subtotal: \$0.00

Discounts: (\$0.00)

Total Amount Due: \$0.00

Payment Terms: Due by the 1st of the month. A late fee of [Amount] applies after the 5th.

Notes: Thank you for dancing with us!