

Invoice



Bill To:

Student: _____
 Parent(s): _____
 Address: _____
 Phone: () _____ - _____

Invoice Date:

Due Date: 1st-5th of each month

Date(s)	Hours	Coach/Trainer	Description of Training	Training Fee	Discounts	Pro-rate	Total
	6-8hrs	BDA Staff	Group Training Sessions	\$250	\$25	-0-	\$225

Office use only:
 Payment Acknowledged: _____



- Scholarship	
+ Gym Fee	-0-
Subtotal	
-Payment	
Balance Due	

Cash Check# _____ Card

Thank you for your payment!

Basketball Development Academy promises to provide elite basketball training to every student athlete. BDA will provide a half hour of specific basketball homework for each student which must be completed every day until next session. If a student fails to complete basketball homework assignments three times he/she **will** be suspended or dismissed from the training. If a student is not showing effort BDA reserves the right to continue training sessions for each student.

I have read and signed BDA Waiver Form

By my signature below. I, hereby agree to the terms, conditions and waiver as stated above.

Signature: _____ Date: ___/___/_____