

GYM MEMBERSHIP RECEIPT

Gym Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Website: _____

Date: _____

Receipt #: _____

Client Information

Name: _____ Street Address: _____
City, State, Zip: _____ Phone: _____

Description of Charges

Services Rendered: _____

Payment: _____ Dollars (\$ _____)

Period Start Date: _____ End Date: _____

Add-Ons: _____ Dollars (\$ _____)

Description of Add-Ons: _____

Subtotal: _____

Tax Rate: _____

Total Tax: _____

Amount Due: _____

Summary of Charge

The aforementioned Client paid the total amount of _____ Dollars
(\$ _____) in the form of (check one) Cash Credit (No. _____)

Check (No. _____) Other: _____.

Authorized Signature _____

