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YOUR BUSINESS NAME

ADDRESS

# Athletic Training Services Estimate

**CLIENT: SCHOOL NAME**

 **ADDRESS**

**CONSULTANT: YOUR BUSINESS NAME Inc.**

**NATURE OF ASSIGNMENT: Athletic Training Coverage for Men and Women’s Rugby**

**TERM: 20XX Fall Season**

**Women’s Practice – M,W,F 4:00 – 6:45**

**Men’s Practice – T,Th,F 4:00 – 6:45**

 **Approx. – 14 hours/week**

**Games held Saturdays Approx. – 5 hours/week**

**10 Week Season Total – 190 hours**

 **FEE SCHEDULE: $x0.00 per hour $X0 x 190 hr. = $X,X00.00**

**ACCEPTED BY: YOUR BUSINESS NAME , Inc. ACCEPTED BY:**

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Name: Name: