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| Group Massage Request Form |
|  | Date: | Click here to enter a date. |
| **INSTRUCTIONS:** Use this form for requesting massage therapy at your event. Please fill out all required fields. Once complete submit this request form to attune2u@outlook.com Requests must be submitted 4 weeks in advance of the event date. Submitting does not mean your event has been approved or scheduled. You will receive a confirmation email as soon as your event is scheduled. |
| Name: | Click here to enter your first and last name | Middle: | Click here to enter initial |
| Address: | Click here to enter address |
| City: | Click here to enter city | State: | enter state | Zip code: | Click here to enter zip |
| Phone: | Click here to enter number | Alternate Phone: | Click here to enter number |
| Email: | Click here to enter email |  |
|  |
| Event Information: |
| This request is for: | [ ]  | Hosted Party | [ ]  | Sporting Event | [ ]  | Friends/Family Gathering |
|  |  | Such as Scentsy, Mary Kay, Jam Berry |  | Similar to Football, Baseball, Warrior Dash, Walk for Life |  | Includes Weddings, Birthdays, and Retirement celebrations |
|  |
| Name of Event: | Click here to enter event name | Date of Event: | Click here to enter a date. |
| Event Address: | Click here to enter address |
| City: | Click here to enter city | State: | enter state | Zip code: | Click here to enter zip |
| Organization: | Click here to enter organization name |
| Associated Email: | Click here to enter email | Associated Website: | Click here to enter website |
|  |
|  | Beginning |  | Ending |  |
| Time of Event: | Beginning |  | Ending |  |
| Time of Set-up | Beginning |  | Ending |  |
| Time of Breakdown | Beginning |  | Ending |  |
|  |  |  |
| Event Location: | Indoor | [ ]  | Outdoor | [ ]  |  |
| Estimated Number Attending | Provide number attending |  |
| Will someone be assisting during the event? | Yes | [ ]  | No | [ ]  |
| Type of Massage | Chair Massage | [ ]  | Table Massage | [ ]  |
| Please provide sufficient space for massage table/chair |
| Restroom facilities nearby | Yes | [ ]  | No | [ ]  |  |
| Drinking water nearby | Yes | [ ]  | No | [ ]  |  |
| Additional Comments |
| Click here to enter text. |
| Notice: Each individual is responsible for consulting with his/her healthcare provider before receiving massage. |
| Signature: | Click here to enter text. | Date: | Click here to enter a date. |