|  |
| --- |
| Group Massage Request Form |
|  | 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: |  | Middle: |  |
| Address: |  |
| City: |  | State: |  | Zip code: |  |
| Phone: |  | Alternate Phone: |  |
| 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: |  | Date of Event: |  |
| Event Address: |  |
| City: |  | State: |  | Zip code: |  |
| Organization: |  |
| Associated Email: |  | Associated Website: |  |
|  |
|  | Beginning |  | Ending |  |
| Time of Event: |  |  |  |  |
| Time of Set-up |  |  |  |  |
| Time of Breakdown |  |  |  |  |
|  |  |  |
| Event Location: | Indoor | [ ]  | Outdoor | [ ]  |  |
| Estimated 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 |
|  |
| Notice: Each individual is responsible for consulting with his/her healthcare provider before receiving massage. |
| Signature: |  | Date: |  |