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| Group Massage Request Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Notice: Each individual is responsible for consulting with his/her healthcare provider before receiving massage. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | |  | | | | | | | | | | | |