|  |  |  |
| --- | --- | --- |
| Company Event Request For Massage | | |
|  | Date: |  |

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| --- |
| Thank you for considering Attune to You for your company event or fundraiser. We are glad to be of service and provide your employees, family, friends, and future or current customers with massage therapy. Allow us to highlight your company's dedication to customer service and appreciation for others. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Request made by: | | | |  | | | | | | | Title: |  | | | | |
| Company Name: | | |  | | | | Phone: | | |  | | | | Ext: |  | |
| Address: |  | | | | City: | | |  | | | | | Zip code: | | |  |
| Supervisor: | |  | | | | Phone: | | |  | | | | | Ext: |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All requests must be made at least 1 - 2 weeks before date(s) of service. | | | | | | | | | | | | | | | | | | | |
| Name of Event: |  | | | | | | | | | | | | | | | | | | |
| Address of Event: | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Requested Date(s) of Service: | | | | | | |  | | | | | | | Time of Event: | | | |  | |
|  | | | | | | |  | | | | | | |  | | | |  | |
|  | | | | | | |  | | | | | | |  | | | |  | |
|  | | | | | | |  | | | | | | |  | | | |  | |
| Services Requested: | | | |  | | Chair Massage | | | |  | Table Massage | | | | Hours Requested: | | | |  |
| Time per person: | |  | | | 5 min | | |  | 10 min | | |  | 15 min | | |  | 20 min | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Office Use Only* | | | | | | |
| Total Hours of Service: | |  | Cost of Service: | | $ | |
| Amount paid: | $ | | Amount to be paid: | | | $ |
|  |  | |  | | |  |
|  |  | | Approved by: |  | | |  |
|  |  | |  | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Print Name: |  | | Date: |  | |
| Signature: |  | |  | |  |
|  | |  | | | |