

Chair Massage Log

Date ____/____/____

Client Name	Length of TX (Minutes)	Amount Paid	Total Collected
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

Total Collected \$ _____ **Total Clients Today:** _____

Percent to Therapist _____ % **Site/Location of Chair** _____

Total to Therapist \$ _____ **Total to BodyCare Center \$** _____

Therapist _____
(First Initial, Last Name)

ADDRESS _____

CITY/STATE/ZIP _____

PHONE () _____ - _____