

# Chair Massage Sign Up & Payment Sheet

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This form is designed to be used by the chair massage program administrator at the site where chair massage is taking place.

Please note the

- **Date** of the scheduled Chair massage visit, and
- The company name on the **Location** line.

There is room for

- **30 participants**
- Their **phone numbers or extensions** - in the case that they are late or forget their appointment, the therapist may use a nearby phone to call them and remind them.
- **Amount paid** to administrator for time slot, if applicable. If the employer is paying for the sessions, this column would be left blank.
- A **Health Form Complete** column where the administrator may mark off whether or not a health form has already been completed for each participant.

At the bottom of the form is a line for the **administrator's name**, and the total **money collected** from participants.