RECSPORTS

MOBILE MASSAGE REQUEST FORM

Office use; please leave blank.

INVOICE # W-

price per therapist	
# of therapists	
# of hours	
sub total	$ 0.00
parking	
total	$ 0.00

Review and Notification

- Please fill out completely then email to utrs.memberships@austin.utexas.edu
- All requests will receive a response via email.
- Cost of event will be determined once availability has been verified.
- It is recommended that a quiet area be reserved for your event.

Services/Pricing

- Mobile Massage requires a one-hour minimum service time.
- The fee for Mobile Massage is $65 per hour, per therapist.
- One therapist can accommodate 5 participants for 10 minutes each or 10 participants for 5 minutes each, per hour.
- Guaranteed parking must be provided for each therapist or parking fees will apply (see #11 below).

1. Contact Name: _____ Today's Date: _____
2. Contact Email: _____ Phone #: _____
3. Organization/Department Requesting Service (please give complete name, do not use acronyms):

_____

4. Type of Request *(choose one)* ☐ Chair Massage ☐ Massage Therapy Demonstration
5. Date of Event: _____ Time of Event: start: _____ end: _____
6. Name of Event: _____
7. # of therapists requested: _____ 8. # of participants expected: _____
9. Location of event including room # (please give complete name of building, do not use acronyms):

_____

10. Directions (street address or nearest intersection):

_____

11. Do you need RecSports to provide parking arrangements? (There is a $20 fee per therapist.) ☐ Yes ☐ No
12. If your department/organization can provide guaranteed parking, please provide the following:
13. Location of parking: _____
14. Special instructions for parking:

_____

Payment

15. Form of Payment: *(choose one)* ☐ IDT ☐ Cash/Check/Credit
16. If IDT Payment: a. Enter IDT account #: _____

    b. Authorized name on account: _____