

Massage Therapy Application



Name: _____ Date: _____

Daytime Phone Number: _____ Cell Phone: _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employee Massage Therapy Information:

Full-time faculty/staff; dependents; spouses/domestic partners and retirees are eligible for 5 massages per calendar year (January 1 – December 31) at the \$20 rate. Additional massages can be purchased at the \$75 rate thereafter.

Circle One: Staff/Faculty Spouse/Domestic Partner Dependent Retiree

UR ID Number: _____ Department: _____

_____ # sessions X \$20/session = _____ total

Student and Community Massage Therapy Information:

Students and community members of the Weinstein Center for Recreation and Wellness are eligible to purchase unlimited massage sessions per calendar year (January 1 – December 31) at a \$75 rate per session.

_____ # sessions X \$75/session = _____ total

*I verify I have received a copy of the Massage Therapy Policies and Procedures. I also understand that all massages purchased **will expire within one year from date of purchase.** Massage sales will correspond with the calendar year (January 1 – December 31). Any sessions not completed by this date will be forfeited.*

Signature

Date

To be completed by Member Services staff:

Payment:

Amount: Cash Spider Card Check: Check # _____

Received by: _____

To be completed by Wellness Staff:

Eligibility Verified: Eligible Not Eligible Reason: _____

Date account created: _____ Login/Password Created: _____

Package Assigned: _____ Registration E-mail sent: _____