

Personal Care Services Offered by Village Health Services:  
*Acupuncture, Deep Listening/Counseling, Massage Therapy, Reflexology (Healing Foot Massage), Energy Medicine (Reiki, Jin Shin Jyutsu, Shiatsu/Acupressure)*

Name of Service: \_\_\_\_\_

I commit to coming for and paying for the personal care service listed above. I understand that each service is charged at \$2.50/ minute. I can sign up to receive service sessions in 15, 20, 30, 45 and 60 minute increments. The cost for this service may be shared by my employer. When a minimum of 6 people sign up for the service, it will be scheduled and offered.

Please print **clearly**:

<b>Name</b>	<b>E-mail</b>	<b>Phone</b>
<b>1.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>
<b>2.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>
<b>3.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>
<b>4.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>
<b>5.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>
<b>6.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>
<b>7.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>
<b>8.</b>		
<b>Amount of time I want to receive (please circle):</b>	<b>15</b>	<b>20</b> <b>30</b> <b>45</b> <b>60 minutes</b>