

**Pink Pamper Day 2019 – Invitation & Booking Forms**

Please find enclosed your Registration Forms for The **Pink** Pamper Day being held at The Village Hotel on **Saturday 30<sup>th</sup> March 2019**. As always priority for places is given to those with a breast cancer diagnosis. Other members and guests can attend, subject to availability. Volunteers are welcome to check on the day for availability for treatments.

During the day you will have the opportunity to try various Buddhaia Complementary Therapies and if you would like to do this **you must return the enclosed Registration and Personal Medical History Form (signed and dated please)**. Please obtain verbal consent from your medical practitioner. **Without these completed forms you may not be able to have therapies on the day.** This is a requirement of the therapists and insurance company. **Forms to be returned by 28<sup>th</sup> February 2019.**

You will also be able to choose from a range of workshops and other activities – Details enclosed.

We will endeavour to provide you with your first choice from each section. Alternatively, if you prefer, you can just come along to enjoy the day, attend some workshops, or just sit and relax with some magazines.

Once you have returned your completed Registration Form and Personal Medical History you will receive confirmation of your place by email or telephone.

We do understand that booking a day like this in advance may mean that you might not be feeling well enough to be with us on that date. As places are limited we would be very grateful if you could let us know as early as possible if you are unable to attend so that we may offer your place to someone on the waiting list.

If you have any questions about the day or any of the enclosed forms, please call the office on 01482 221368. If there is no reply, please leave a message and we will get back to you as soon as we are able.

Your Personal Schedule will be available upon your arrival at the Village Hotel on the day. The day starts at approximately 9.30am with registration workshops/therapies commencing soon after. The day finishes around 4:30pm. If your therapies start earlier we will let you know prior to the day.

Finally, yes, **pink** is the colour to wear, if you would like to! You might like to know that we have some **HER Breast Friends** T-Shirts available for sale on the day. These cost £7.50 each and are available in various sizes. Other merchandise will also be available on the day.

Yours sincerely

Joanne Mennell  
Chairman





# The **Pink** Pamper Day Registration Form



## Personal Details

**Name:**

**Address:**

**Email:**

**Telephone Number:**

**Mobile Number:**

**Guests:** *Once again we hope to be able to accommodate some carers and/or guests. These places are subject to availability and cost **£25\*** to cover lunch, therapies and some refreshments. Please note that payment must be sent with this form. If there are spaces carers/guests will be booked to attend your choice of workshops with you but please note that additional therapies can only be booked on the day, if available.*

**\*Name of Carer/Guest:** (if attending):

I enclose a cheque payable to **HER Breast Friends** for **£25** to cover carer/guest.

**Please ensure your guest completes the 'Guest Medical Sheet' and return it together with yours.**

**Buffet Lunch:** *(please write below if you have any special dietary requirements) :*

## Therapy Menu

Please select one choice from each of the sections below. Select in order of preference in the boxes i.e. 1st, 2nd, 3rd, etc. from each section

### **Section 1: Beauty Therapies**

Facial:

Makeover:

Manicure:

Pedicure:

### **Section 2: Mini Complementary Therapies**

Reflexology Taster:

Hand and/or Foot Massage:

Back and Shoulder Massage

Indian Head Massage:

Reiki:

Please note that we reserve the right to change the above without notice

**YOUR CONFIDENTIAL MEDICAL HISTORY – Please complete in full:**

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Full Address</b>	
<b>Telephone No</b>	
<b>Email</b>	
<b>Emergency Contact and Telephone No</b>	
<b>Doctors Name</b>	
<b>Surgery Address</b>	
<b>Telephone No</b>	
<b>Medical History - Please include surgery dates – For cancers, please indicate site(s):</b>	
Chemotherapy & dates: Radiotherapy & dates: Hickman Line or Port Fitted: (If yes, state which) Lymphoedema: (if yes, state where)	
<b>Please answer YES or NO to each of the following, if YES please give details:</b>	
Heart Condition Epilepsy/Seizures Skin Disorders ME/MS/Parkinson's Disease Inflammation High or Low Blood Pressure Cancer (other than noted above) Diabetes Thrombosis Circulation Problems Varicose Veins Asthma/Hay Fever Aids Hepatitis A, B or C	
<b>Do you have or recently had any of the following, if YES please give details:</b>	
Cuts or Bruises Recent Inoculations	
<b>Are you pregnant?</b>	
<b>Do you have any allergies, if YES please give full details?</b> <i>Please use reverse of registration forms if required.</i>	
<b>Please list all current medication and dosage:</b> <i>Please use reverse of registration forms if required.</i>	
<b>Declaration</b> I confirm that the above details are correct and that I have requested therapies/treatments. I have obtained verbal consent from my Medical Practitioner (name) _____ for the therapies/treatments I have requested.	
<b>Signature:</b>	<b>Date:</b>
<b>Important –please return these <u>signed</u> documents with your Registration Forms to secure your place at the Pink Pamper Day.</b>	

## Workshop Menu

Please select in order of preference (1 being the highest):

<b>Name(s):</b>	<b>You</b>	<b>Guest</b>
<b>Christine's Crafts</b> Christine Crawforth will demonstrate the art of reviving tired household and ornamental pieces, using chalk paint, before inviting you to get very creative too! Why not bring along your own small wooden item which is in need of some TLC? No experience necessary for you to enjoy this workshop.		
<b>T'ai Chi for Health &amp; Relaxation</b> LFA T'ai Chi instructor, Christine Caton gives an introduction to the benefits of T'ai Chi. Gentle exercises will be taught to suit the capabilities of the individual in a relaxed and comfortable atmosphere. <i>Loose clothing is required.</i>		
<b>The World of Chocolate – Talk &amp; Tasting</b> Claire Bingham of Butterflies Chocolates will share the history and origins of chocolate; how the cocoa plant grows, how chocolate is made, with props to look through. Then learn how to taste chocolate properly using your senses whilst sampling various types of chocolate, including Aztec Spice sipping chocolate, cocoa beans, cocoa nibs and the new fourth type of chocolate, Ruby chocolate!		
<b>Practical Relaxation &amp; Energy Boosting Techniques</b> Janet Illidge is once again presenting a practical based workshop which will show you several simple techniques to boost your energy system and others to promote deep relaxation leaving you revitalised. <i>Comfortable clothing and flat shoes are required.</i>		
<b>Singing for Fun</b> Gary Marsden is back by popular demand! Enjoy a fun filled, uplifting workshop of singing and laughter. No experience necessary for you to fully enjoy this uplifting workshop.		
<b>Dance Yourself Happy</b> Sandra Thompson of Sahara Dance gives a fun and easy to follow dance session, mixing various styles, with the aim of getting you moving and smiling! No experience required.		
<b>Rebalance</b> A gentle stretch and mediation class to re-group the body and mind. This relaxing workshop is brought to you by The Village Hotel's Health and Fitness team. <i>Loose, comfortable clothing is required.</i>		
<b>Poolside Spa Activities</b> Swim, Whirlpool, Sauna and Steam Room to be enjoyed at any time throughout the day. Please use the vouchers provided in your registration pack, given at the beginning of the day.		

*Please note that we reserve the right to change the above without notice.*

There will be several stall attractions for you to enjoy, including a Tombola, Raffle, Books, Bras, Jewellery, Cosmetics, Craft Stall, Chocolates and Charity Merchandise.

**Volunteer:** Please offer us an hour of your time to help us on our stalls so that we too can share the opportunity to enjoy a bit of pampering on our special day with you.

**Photographs:** *Please note that official photographs may be taken at the event and may be used by HER Breast Friends for marketing purposes. If you have any objections to your photograph being used please inform the office in advance and also the photographer on the day.*

**Disclaimer:** I hereby declare that I will not hold Hull & East Riding Breast Friends or any of its volunteers responsible for any injury or loss resulting from my participation in The Pink Pamper Day and that I have requested the above therapies and activities.

**Signature:**

**Date:**

Due to the popularity of The Pink Pamper Day your prompt reply is essential to avoid disappointment. Please return this Registration Form with your Personal Medical History by the **28<sup>th</sup> February 2019** to:

**HER Breast Friends, Pod 6, The Octagon, Walker Street, Hull HU3 2RA**

Any queries regarding your attendance at this event please call the office on **01482 221368**

**GUEST CONFIDENTIAL MEDICAL HISTORY – Please complete in full:**

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Full Address</b>	
<b>Telephone No</b>	
<b>Email</b>	
<b>Emergency Contact and Telephone No</b>	
<b>Doctors Name</b>	
<b>Surgery Address</b>	
<b>Telephone No</b>	
<b>Medical History - Please include surgery dates – For cancers, please indicate site(s):</b>	
Chemotherapy & dates: Radiotherapy & dates: Hickman Line or Port Fitted: (If yes, state which) Lymphoedema: (if yes, state where)	
<b>Please answer YES or NO to each of the following, if YES please give details:</b>	
Heart Condition Epilepsy/Seizures Skin Disorders ME/MS/Parkinson's Disease Inflammation High or Low Blood Pressure Cancer (other than noted above) Diabetes Thrombosis Circulation Problems Varicose Veins Asthma/Hay Fever Aids Hepatitis A, B or C	
<b>Do you have or recently had any of the following, if YES please give details:</b>	
Cuts or Bruises Recent Inoculations	
<b>Are you pregnant?</b>	
<b>Do you have any allergies, if YES please give full details?</b> <i>Please use reverse of registration forms if required.</i>	
<b>Please list all current medication and dosage:</b> <i>Please use reverse of registration forms if required.</i>	
<b>Declaration</b> I confirm that the above details are correct and that I have requested therapies/treatments. I have obtained verbal consent from my Medical Practitioner (name) _____ for the therapies/treatments I have requested.	
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