

Pink Pamper Day 2021 – Invitation & Booking Forms

Please find enclosed your Registration Forms for **The Pink Pamper Day** being held at The Village Hotel on **Saturday 25th September 2021**. 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 Buddleia 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 forms fully completed and signed, you will not be able to have therapies on the day.** This is a requirement of the therapists and insurance company. **Forms to be returned by 31st August 2021.**

Please choose from the range of workshops and other activities detailed on the subsequent sheets. 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.

Why not enter our Decorated Bra competition? This year's theme is *'Fabulously Pink at 15!'* Details of the competition can be found on the additional flyer.

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.

Due to the unprecedented times of COVID-19, we ask that guests and volunteers take a lateral flow test either the day before or on the morning of **The Pink Pamper Day**. If a positive result is returned, please do not attend the day. If you are showing any signs or symptoms of COVID-19, please do not attend the day.

Upon arrival at the hotel, your temperature will be taken at the Registration Desk. Anyone with a high recording, will be asked to leave the hotel. This is to help to provide a safe and relaxing day for all guests and volunteers.

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

Pam Trays
Chair



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.*

***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) :*

Mini Taster Therapy Menu

In **BOTH** sections, please select in order of preference, i.e 1st – most preferred, 2nd, 3rd, etc.

Section 1: Beauty Therapy			Section 2: Complementary Therapy		
	You	Guest		You	Guest
<i>Makeover</i>			<i>Reflexology</i>		
<i>Manicure</i>			<i>Hand/Foot Massage</i>		
<i>Pedicure</i>			<i>Back/Shoulder Massage</i>		
<i>Facial</i>			<i>Indian Head Massage</i>		
			<i>Reiki/Crystal Reiki</i>		

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

YOUR CONFIDENTIAL MEDICAL HISTORY – Please complete in full:

Full Name		Date of Birth	
Full Address			
Telephone No		Email	
Emergency Contact Name & No			
Doctors Name			
Surgery Address			
Telephone No			
<p>Medical History - Please include surgery dates – For cancers, please indicate site(s):</p> <p>Chemotherapy & dates: Radiotherapy & dates: Hickman Line or Port Fitted: (If yes, state which) Lymphoedema: (if yes, state where)</p>			
<p>Please answer YES or NO to each of the following, if YES please give details:</p> <p>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</p>			
<p>Do you have or recently had any of the following, if YES please give details:</p> <p>Cuts or Bruises Recent Inoculations</p>			
<p>Are you pregnant?</p>			
<p>Do you have any allergies, if YES please give full details? <i>Please use reverse of registration forms if required.</i></p>			
<p>Please list all current medication and dosage: <i>Please use reverse of registration forms if required.</i></p>			
<p>COVID-19: Have you had BOTH COVID-19 vaccinations?</p>			
<p>Declaration</p> <ul style="list-style-type: none"> 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. <p>Signature: Date:</p> <p style="text-align: center;">Important – please return these <u>signed</u> documents with your Registration Forms to secure your place at the Pink Pamper Day.</p>			

Additional notes:

GUEST CONFIDENTIAL MEDICAL HISTORY – Please complete in full:

Full Name		Date of Birth	
Full Address			
Telephone No		Email	
Emergency Contact Name & No			
Doctors Name			
Surgery Address			
Telephone No			
Medical History - Please include surgery dates – For cancers, please indicate site(s):			
Chemotherapy & dates:			
Radiotherapy & dates:			
Hickman Line or Port Fitted: (If yes, state which)			
Lymphoedema: (if yes, state where)			
Please answer YES or NO to each of the following, if YES please give details:			
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			
Do you have or recently had any of the following, if YES please give details:			
Cuts or Bruises			
Recent Inoculations			
Are you pregnant?			
Do you have any allergies, if YES please give full details? <i>Please use reverse of registration forms if required.</i>			
Please list all current medication and dosage: <i>Please use reverse of registration forms if required.</i>			
COVID-19: Have you had BOTH COVID-19 vaccinations?			
Declaration			
<ul style="list-style-type: none"> 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. 			
Signature:		Date:	
<i>Important –please return these signed documents with your Registration Forms to secure your place at the Pink Pamper Day.</i>			

Additional Guest notes:

Workshop Menu

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

Name(s):	You	Guest
Teddys T'ai Chi Teddy 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>		
The World of Chocolate – Talk & Tasting Claire Bingham of Butterflies Chocolates takes you through a 'tasting journey with chocolate', explaining where chocolate is grown and how chocolate is made, including the many factors which affect the end flavours. There are various props to look at such as cocoa pod, beans, nibs, and shells, whilst learning how to professionally taste chocolate using all your senses, with lots of samples of chocolates to taste!		
Chakra Healing Attunement Lynnette Hart introduces Chakra healing Attunement. The Chakra Attunements help to open the chakras, balance, and harmonize, freeing them from blockages. Through a group session, using tuning forks to enhance the healing process, whilst providing an insight and information on the 12 Chakra System, including what each does, and which Archangels are attuned to each chakra.		
De-stress Stretch & Relaxation Sandra Thompson offers a seated gentle stretch and relaxation workshop in a relaxed and comfortable atmosphere.		
Belly Dance & Latin Fusion 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.		
Natural Product Making Make your own natural cosmetic products including a Jojoba based exfoliator and a white clay mask.		
Poolside Spa Activities 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 **31st August 2021** 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**