

BOOKING FORM

CLIENT NAME _____

CONTACT PERSON _____ CONTACT NUMBER _____

WELLNESS DAY DATE ____/____/____ START TIME ____:____ END TIME ____:____

ESTIMATED NUMBER OF PARTICIPANTS _____

VENUE ADDRESS AND DETAILS _____

REQUESTED SERVICES (Please tick)

- Massages ☐
- Speed manicures & pedicures ☐
- Make up ☐
- Nutrition Consultations ☐
- Cook offs with dietitian ☐
- Healthy smoothies with dietitian ☐
- Healthy living talks, demos, label reading with dietitian. ☐
- Stress Management talks and consultations ☐
- Men's and Women's Health ☐

- Sexologist ☐
- Pink drive ☐
- Mobile Mammogram ☐
- Pap Smears ☐
- Breast cancer education (self-breast exams) ☐
- Biokinetics ☐
- Vitality Fitness Assessment (VFA) ☐
- Posture & office ergonomics ☐
- Drug talk & drug substance abuse ☐
- Frozen yoghurt ☐
- Smoothies ☐
- Smoothie Bike Blender ☐
- Health Risk Assessment (HRA) ☐
- Flu Vaccines ☐
- Vitamin B shots ☐
- Reflexology / Vacuflex ☐
- Iridology ☐
- Dance-off ☐
- Zumba ☐
- Self Defense Sessions ☐

NONDO WELLNESS

- Dental Screening

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- Live blood Analysis

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- Laughing Yoga

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- Tension Release Exercises

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- Pilates

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- Yoga

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- Chiropractor

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- Rife Resonator

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- Physiotherapy

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- Fitness Trainers

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- Optometry

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- Photo booth

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- Colour Therapy

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- Biophotonic Scanning

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- Image consultations

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- Avon Justine

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- Herbal life

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- Honey Jewelry

☐

- Shzen

☐

NONDO WELLNESS

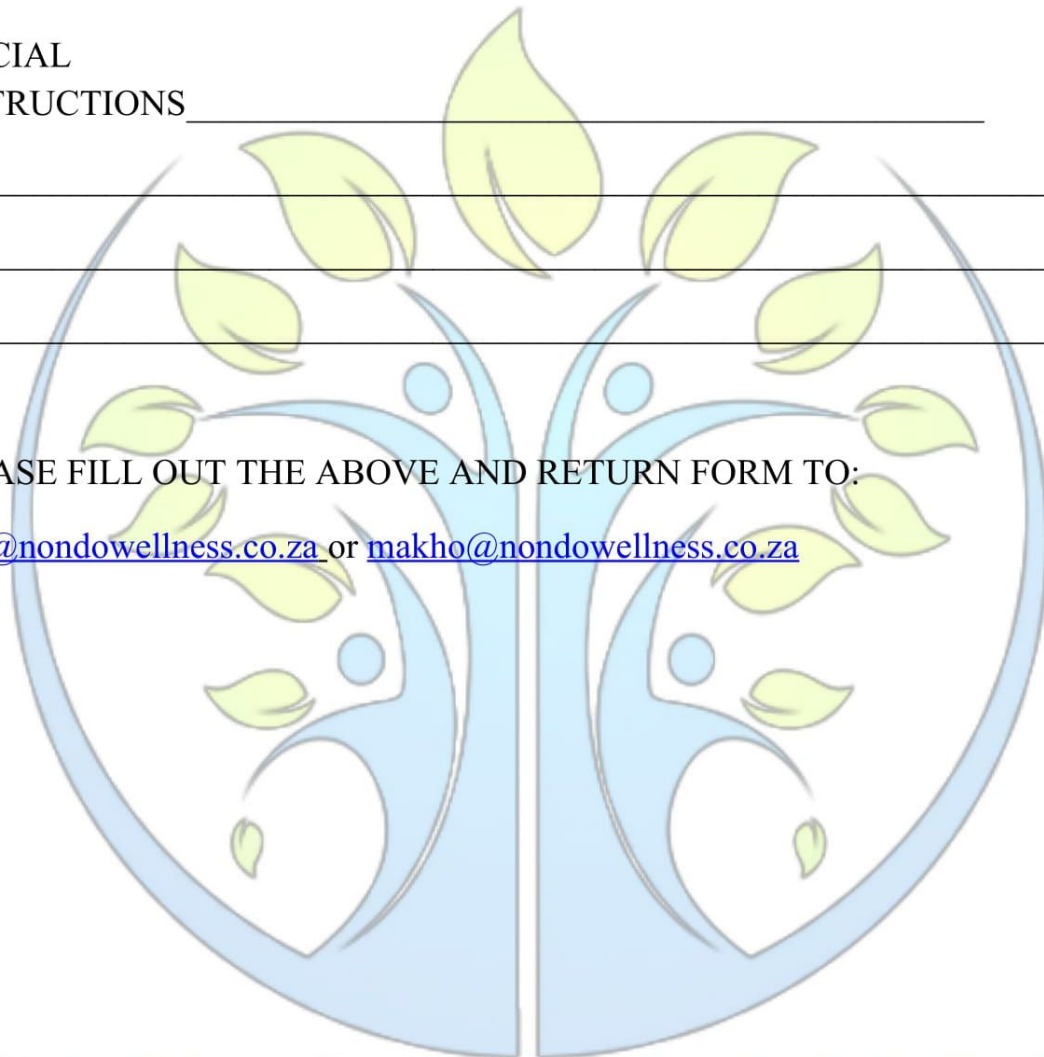
- Catering



SPECIAL
INSTRUCTIONS _____

PLEASE FILL OUT THE ABOVE AND RETURN FORM TO:

vusi@nondowellness.co.za or makho@nondowellness.co.za



NONDO WELLNESS