



SERENDIPITY SPA AND WELLNESS CENTER

EXPRESS CHECKOUT FORM

Client Name: _____ . Date: _____

In an effort to enhance your experience at Serendipity Spa & Wellness Center and to comply and promote physical distancing, we are now offering Express Check-Out. This will allow you to depart after your treatment without having to return to the Front Desk for check-out. The credit card on file will be charged for any fees incurred during your visit, and a copy of your receipt will be emailed to you.

By signing below I agree to have my credit card charged for my service fees, copayments or coinsurance. In addition, I would like to add _____ (specify \$ or %) gratuity at each visit.

Guest Signature: _____ . ***Date:*** _____