



Spa Member 30-Day Exception Request (Rollover)

Spa Member Name: _____

Contact Phone Number: _____ Date: _____

Email Address: _____

Details of Request (Month(s) and Service(s) Missed, etc.): _____

I understand that it is my responsibility to schedule and redeem my spa service every month. If I fail to do this, I understand that I will forfeit that month's service after 30 days. I further understand that I am allowed to request a one-time 30-day extension in writing by submitting this [Spa Member 30-Day Exception Request Form \("Rollover"\)](#). This 30-day "Rollover" will only be allowed once in a 12-month period. I understand that this form is only a request for consideration and does not grant the exception. No refunds or credits will be issued for missed and/or late appointments.

Spa Member Signature: _____

(MDS use only) Received by/Date: _____

Approved Denied/ Reason if denied: _____

Left Message Spoke to By/ Date: _____