



| DEVIATION REQUEST | |
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| Group Name: | WT WOODSON CHOIR, FAIRFAX, VA |
| Passenger Name(s): Legal full name as it appears on passport. Please only list more than one name if the deviation request is identical, otherwise please submit a separate form. | |
| Name: | _____ |
| Name: | _____ |
| Name: | _____ |
| Name: | _____ |
| Deviation Request (please provide exact dates): | |
| Signature: | Date |
| <i>(signature may be electronic – e.g. this form included in or attached to an email)</i> | |
| KI USE ONLY | |
| Signed request received: | |
| Request approved by Director (school groups): Yes: ___ No: ___ Not applicable: ___ | |
| Airline deviation policy: | |
| Can the change to the deviation be fulfilled? Yes: ___ No: ___ | |
| If yes, use Deviation Proposal Form to proceed | |
| If no, date client advised and reason: | |

Return completed form no later than 120 days prior to departure:
Email: KIParticipants@KIconcerts.com
FAX: 719-598-8674
Mail: 5245 Centennial Blvd Ste 202, Colorado Springs, CO 80919-4405