DEVIATOR FORM

(Participant)

Name		
Address		
City	State	Zip
+Phone Number Home:	Office:	Who:
As an above passenger traveling with the wish to deviate from the group tour as for choices.)		
F Email address:		
I fully understand that this change will be subject group airfare. The airline limits the number of pass a \$75.00 fee per person in addition to whatever cos responsible for any airfare increases due to this Celebrations International (MCI) will not be held rairport transfers unless contracted separately with changes baggage loss, strikes, or any catastrophic	engers who can deviate from the group ts may be incurred in the new flight sc deviation The parties will be sep responsible for their accommodations in MCI. MCI will also not be respon	schedule, Deviators will be assessed hedule. The passengers will also be parate from the group and Music during this deviation or provide the
Please note requests will be accepted from participal at least 90 days prior to departure. Tour participant in advance of 90 days before departure. A request recharge of \$50.00 per person.	s will receive much better service and t	ares if they make these requests well
I hereby acknowledge and accept full re Methodist Church Festival Choir	sponsibility for this deviation	from theManchester United
Passenger	Date	
Parent or Guardian Signature	Date	Student's
Please have Director sign below:		
I am aware and approve of the above device		0-05
Director	Date	