

P.O. Box 548, Uxbridge, MA 01569 2002 Eastwood Road, Suite 306, Wilmington, NC 28403 Tel: 910-509-1703 Fax: 910-509-2985 www.worldculturaltours.com

## **Deviation Request Form**

Full Passport Legal Name:		
Phone Number Home:	Office:	Cell:
Email:		
Tour Code:		
Please include below as much or return, return city and alternat	, ,	our deviation request. List your date of
deviations. Please note All passengers wishing to fee along with this writted deviation request may be to additional fees or surpayments are received for the Requests from participals received in writing no leadeparture) will not be a world Cultural Tours (Vertransfers, or any other to group. Additionally, We catastrophic events that the Deviations are limited a form are processed on a first of the surpayments.	that airlines may limit or dented deviate must submit a non- ten deviation request form to be initiated with the airline. It charges charged by the airline for all corresponding arrange ants wishing to deviate from the tente than 75 days prior to depocepted.  WCT) is not responsible for proper arrangements for passenge of the tente that the tente th	es and regulations regarding group air by group passenger wishing to deviate.  Frefundable \$150 deviation processing World Cultural Tours before the Please note that all deviations are subject be. Deviations are not confirmed until all ments.  The group flight itinerary must be parture. Late requests (within 75 days of the group flight itinerary must be parture, accommodations, airport gers while traveling separate from the changes, baggage loss, strikes, or any mal group airline contracts. Requests articipants are encouraged to submit all deviation form does not guarantee
I hereby acknowledge and accordance Passenger Signature:	ept the above terms and full r	responsibility for this deviation.  Date:
Or Guardian Signature:		Date: