INTERNATIONAL STUDENT TOURS
GRADWEEK

FLIGHT DEVIATION REQUEST & CREDIT CARD AUTHORIZATION FORM

Traveler & Request Information

FLIGHT DEVIATION REQUESTS FOR A RETURN FLIGHT ARE NOT GUARANTEED SINCE NOT ALL AIRLINES ALLOW THIS. TO PROCESS THIS TRANSACTION, ALL OF THE FOLLOWING INFORMATION IS REQUIRED.

Traveler ID Number: _____ **Group Name:** _____

Traveler's Name: _____

ADVISE WHAT DATE & ABOUT WHAT TIME YOU WISH TO RETURN *

Date: _____ **Time (1st Choice):** _____ ☐ AM ☐ PM **Time (2nd Choice):** _____ ☐ AM ☐ PM

Card Holder's Information

IMPORTANT NOTE: To request a date change for your return flight, please provide the required credit card information and the amount you are willing to pay up to for the change. ***Payment must be submitted before we can contact the airline, as it is required at the time of the request.*** Please note, the traveler will also be responsible for covering their own transportation from the hotel to the airport, as the return group transfer will not be included.

Cardholder's Name: _____

Cardholder's Billing Address: _____

City: _____ **State:** Select State **Zip Code:** _____

Cardholder's Phone #: _____ **Cardholder's Email:** _____

Card Type: ☐ Visa ☐ MC **Exp. Date:** _____ **CVV#:** _____

Credit Card #: | | | | | | | | | | | | | | | | |

MAXIMUM AMOUNT AUTHORIZED: $ _____

*AGREEMENT

The cardholder agrees by their signature below that ISTours is authorized to charge the amount indicated above to the cardholder's credit card identified above. There will be a $10.00 service charge added to traveler's account for each declined transaction. The cardholder waives all rights to charge back on the indicated credit card by signing agreement.

Cardholder's Signature

X: _____ **Date:** _____

Submission Information

Please return this completed form by email (only) to ISTours at: info@istours.com. Once received by our office, our Air Department will review your flight request and check availability. Our office will notify you within 48-business hours if your request is confirmed.