



CORPORATE OFFICE:
GRAD WEEK
 5080 Robert J. Mathews Parkway
 El Dorado Hills, CA 95762
 Phone: 916-939-6805 FAX: 916-939-6806
www.gradweek.com

NAME CHANGE REQUEST FORM

Before you sell your trip, please be aware that your name change request must first be approved. Please complete form and fax or mail back to the corporate office. Once received, a Customer Service Agent will inform you by phone or in writing, whether or not your request is approved. Name changes will not be permitted within 2 weeks of your travel date - NO EXCEPTIONS!

ORIGINAL TRAVELER'S INFORMATION (please print legibly)

NAME _____ MALE FEMALE
 TRAVELER I.D. # _____ GROUP# AND NAME: _____
 Phone #: (_____) _____ Fax # (_____) _____
 (Mandatory)

Per the Tour Participant Agreement you originally signed, **Name Changes** are permitted depending on the air carrier and on an approval basis. If the name change is approved and the name change does not interfere with rooming, the name change fees are as follows:

\$25.00 if name change occurs prior to March 1, 2009

A minimum of \$100.00 PLUS any additional airline or administrative fees, after March 1, 2009

**I wish to transfer my account to the individual named below. I also understand that it is my responsibility to collect any funds due to me from the new person indicated below. Additionally, I acknowledge that the transfer fee outlined above must accompany the request form and will be added to the existing account. I understand that if the name change causes conflicts in the rooming arrangements (i.e.: name change causes male/female rooms), Grad Week may not be able to approve the Name Change unless a coed permission form is also completed and attached to name change form. If purchased, the Optional Trip Insurance is nonrefundable and nontransferable to the new traveler after April 1, 2009.

_____/_____/_____
 **SIGNATURE OF ORIGINAL TRAVELER DATE **PARENT SIGNATURE OF ORIGINAL TRAVELER DATE

NEW TRAVELER'S REGISTRATION INFORMATION: (Please fill out completely and LEGIBLY) - MALE FEMALE

LEGAL FIRST NAME: _____ M.I. _____ LEGAL LAST NAME: _____
 (No Nicknames) (As it appears on Passport)
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: ____/____/____ (Mandatory) EMAIL ADDRESS: _____
 GROUP NAME: _____ PHONE#: (_____) _____ FAX#: (_____) _____
 Country of CITIZENSHIP: _____ PASSPORT# _____ (Mandatory)

**I have read, understand and agree to the TOUR PARTICIPANT AGREEMENT on the Grad Week Brochure. I understand that I am required to have the specified travel documents in order to travel to Mexico or to the Bahamas. (Non-U.S. citizens' need to contact Immigrations for specific documentation information.) I also understand it is my responsibility to reimburse the original participant directly for any monies they paid toward the trip and that any remaining balance is due in the office by March 1, 2009. I understand the above fees are applicable, depending on the date of the transfer. I also understand I am responsible for any remaining balance on this account and/or any additional fees. (i.e.: occupancy fees for rooming, late fees, NSF fees, etc.) and must be paid prior to departure.

_____/_____/_____
 **SIGNATURE OF NEW TRAVELER DATE ** PARENT SIGNATURE OF NEW TRAVELER DATE

Attached is the Name Change Fee: Check or money order enclosed for \$ _____ DIS VISA MC

Charge fee to Credit Card: # _____ EXP DATE: _____

Please charge my credit card for the name change fee. I understand a \$15.00 non-cash payment price will be added to the authorized amount.

PRINT NAME OF CARDHOLDER: _____

CARDHOLDER'S SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____

CARDHOLDER'S PHONE NUMBER: (_____) _____ AUTHORIZED CHARGE AMT.: \$ _____ + \$15.00
 (a minimum of \$100 necessary after March 1st)