



**Change of Travel Request Form**

Please note that ALL travel changes MUST be approved by BCS Program or Team Manager then sent to:

**Incredible Journeys Travel Inc.**  
 Contact number: 403.571.8690  
 Contact names: Sherry Semrau Tytkanych or Reid Morrison  
 Email: [Sherry@incredibletravel.ca](mailto:Sherry@incredibletravel.ca) or [Reid@incredibletravel.ca](mailto:Reid@incredibletravel.ca)

Traveler Information	
Mr. / Ms. / Miss. / Mrs. (select one):	Legal Name of Traveler:
Address:	
Province:	Postal Code:
Home Phone:	Bus Phone:
Cell Phone:	Email:

**Original Travel Information**

	Departure Date	Departure Time	From City	To City
Original Flight Info				

**Change Request**

	Departure Date	Departure Time	From City	To City
Requested Changes				

**Credit Card Information (if different from the card submitted on your Travel Information Form)**

Credit Card Number:	Expiry Date:
Name on Credit Card:	

**\* It is recommended that you fax this form to ensure the confidentiality of your credit card information. If emailing this form, you do so at your own risk.**

**Additional Information (if different from your Travel Information Form)**

Frequent Flyer Number	
Seat Preference	

BCS Approval

Signature:

Date:

I understand that all flights are non-refundable and that I am responsible to cover the change fees or fare difference associated with this ticket change. I also agree to submit my final flight itinerary to a BCS Program Manager and Team Manager.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date