

Board Office Use: Legislative File Info.	
File ID Number	20-0134
Introduction Date	2/12/20
Enactment Number	20-0217
Enactment Date	2/12/2020 If



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education
From Kyla Johnson-Trammell, Superintendent
Meeting Date February 12, 2020
Subject Approval of Request for Student Travel

Action Requested	Approval of Board Resolution No. <u>1920-0183</u> authorizing student travel by school site Life Academy to <u>Puerto Rico</u> for the period of <u>March 27, 2020</u> through <u>April 3, 2020</u>
Itinerary and activities	<p>██████████, Life Academy students will be flying from ██████████ ██████████, Puerto Rico to explore San Juan in group; ██████████ students will visit the University of Puerto Rico Medical School and Arboretum Parque Done Ines Botanical Garden; ██████████, visit La Marana to focus on sustainability, particularly through the lens of community health and service projects in Carolina, Humacao, and Comerio. ██████████, visit Bioluminescent Bay, El Yunque Rainforest ██████████, Camuy Caves and Arecibo Observatory Day Trip ██████████ travel to the Island of Vieques via ferry from Ceiba. ██████████ travel to San Juan Airport on public buses, returning to Oakland on morning flight</p>
Educational Purpose of Trip	Life Academy has three strands within our Health & Bioscience pathway programming: Medical, Biotechnology and Public Health. This spring break trip to Puerto Rico will focus on public health in the region, exposing students to the variety of work done under the umbrella of public health in order to achieve sustainable health equity in Puerto Rican communities. Life Academy's mission is to prepare youth to work in healthcare and public health fields and this opportunity.
Teachers Attending Trip	Hilary Walker, Rodrigo Sandoval-Perez, Antonio Vasquez
Site Administrator Affirms	<ul style="list-style-type: none"> Parental permission forms will be on file for all students participating and school has emergency communication protocol There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements) School will address financial or accessibility issues that might prevent students from participating
Recommendation	Approval of Board Resolution authorizing student travel described above.
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>29,000.00</u> Funding source for the trip will be: <input type="checkbox"/> General Purpose <input checked="" type="checkbox"/> Restricted Funds <input type="checkbox"/> No District funds will be used Resource Code: _____ - <u>9333</u>

Board Office Use: Legislative File Info.	
File ID Number	20-0134
Introduction Date	2/12/2020
Enactment Number	20-0217
Enactment Date	2/12/2020 If

**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT**

Resolution No. 1920-0183

AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education to authorize student travel for the period of March 27, 2020 through April 3, 2020 to Puerto Rico by Airplane

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:

School: Life Academy

Destination: Puerto Rico

Departure Date: March 27, 2020 Return Date: April 3, 2020

Passed by the following vote:

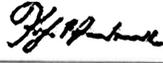
AYES: Aimee Eng, Jumoke Hinton Hodge, Gary Yee, Roseann Torres, James Harris, Vice President Shanthi Gonzales and President Jody London

NAYS: None

ABSTAINED: None

ABSENT: Student Directors Mica Smith-Dahl and Denilson Garibo

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held February 12, 2020.

By: 
Kyla Johnson-Trammell, Superintendent
Secretary, Governing Board



OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

Date: 11/6/17
Kim Powell, Risk Mgt.

Basic Directions	
This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.	
<ol style="list-style-type: none"> 1. Requests must be submitted to Network Superintendent no later than 120 days prior to departure 2. Board approval is required for all out of state trips. 3. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip 4. Use of Restricted Funds requires additional approval by Office of Accountability Partners 5. Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through ousd.org/volunteers or email volunteers@ousd.org. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.) 6. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153 7. Check the Pre-Approved Vendor List for contract and insurance requirements 8. Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster. 	
Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) <input type="checkbox"/> Board Approval Memo and Board Resolution
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Life Academy Site Number: 335

Destination: <u>Puerto Rico</u>
Address: <u>Various address, all included in the trip itinerary attached</u>
Phone or Contact Info: <u>[REDACTED] (trip lead Hillary Walker)</u>

Departure - Date: [REDACTED] Time: A.M. Place of Departure: [REDACTED]

Return - Date: [REDACTED] Time: P.M. Place of Return: [REDACTED]

Class(es)/Group Attending: 18 Life Academy students grade 9 - 12

Grade(s): 9-12 # of Students: 17 # of Adults: 3

Teacher Supervising Trip: —Hillary Walker, Rodrigo Sandoval-Perez, Antonio Vasquez

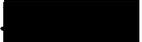
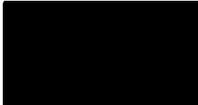
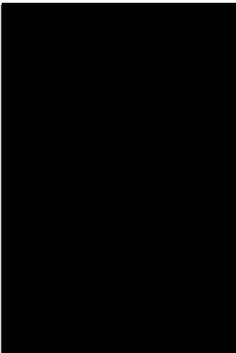
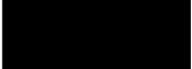
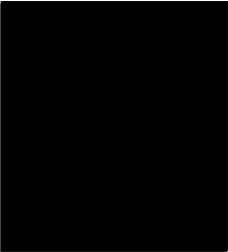
Emergency Contact # During Trip: [REDACTED]

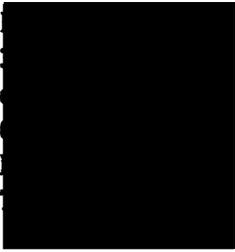
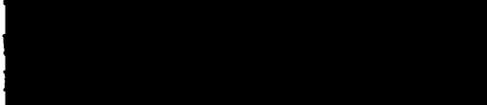
Supervising Teacher's Email Address: [REDACTED]

**Life Academy Experiential Learning Trip in Environmental Science
and Public/Community Health In Puerto Rico
March 27 - April 3, 2020**

Trip Leaders: Hillary Walker, Rodrigo Sandoval-Perez, Antonio Vasquez

Travel	Key Locations, Activities and Rationale	Lodging /Location	Contact Information
<p>██████████ 2 C</p>	<p>Arrive in San Juan Travel to ██████████ on public busses Check-in to ██████████ Explore San Juan in group Dinner with group</p>	<p>██████████</p>	<p>██████████</p>
<p>██████████ San Juan</p>	<p>Visit the University of PR Medical School & Arboretum Parque Dona Ines Botanical Garden</p> <p>School of Medicine visit will focus on long and short-term health concerns for youth in Puerto Rico (pathology and pediatrics) as well as systems of smaller community health centers.</p> <p>Botanical Garden visit will focus on rehabilitation of the collection of plants post-Hurricane Maria (in conjunction with other botanical gardens). The garden offers guided tours, with an emphasis on research, ethnobotany, plant breeding.</p> <p>Dinner with group</p>	<p>██████████</p>	<p>██████████</p>

 Humacao	Visit La Marana This visit will focus on sustainability, particularly through the lens of community health and service projects in Carolina, Humacao and Comerio. Students will look at community-driven improvement projects in rural and urban communities and consider the health impacts of their Imaginacion Post-Maria initiatives. Dinner with hosts		
	Visit Bioluminescent Bay, El Yunque Rainforest Visits will include guided tours, with a focus on the biodiversity of the rainforest and bay, discussions of impact of climate change, and the potentials/pitfalls of ecotourism.		
 Cueva Ventana and Arcibo Observatory from San Juan	Camuy Caves and Arcibo Observatory day trip Visit underground river systems (if re-opened- closed after Hurricane Maria). At the observatory, visit will include the atmospheric science exhibits and observation deck. Alternative: Visit a working coffee farm. Emphasis on agriculture and responsiveness.		

			
	<p>Vieques Travel to island of Vieques on Ferry from Ceiba. Vieques is site of naval testing and environmental destruction. Students will visit the national wildlife refuge, home to hundreds of species of birds. We will meet with local organizers of emergency preparedness teams to discuss what they are implementing and its applicability to Oakland. The group will also discuss the superfund site and possibility for cleanup.</p> <p>Leave Vieques and take ferry to mainland. Take public bus back to San Juan. Arrive 9pm at Hostel.</p>		
			



Site: Life Academy

Teacher Supervising Trip: Hillary Walker

Destination: Puerto Rico

Date of Departure: [REDACTED]

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	<i>ABB</i>	✓		11/25/19
Network Superintendent <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	<i>Jim [Signature]</i>	✓		12/9/19
Office of Accountability Partners (if restricted funds) <input checked="" type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)	<i>Dancy Gomez</i>	✓		12/20/19
Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	<i>[Signature]</i>	✓		1/13/20

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Forward the completed: (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle	<i>ABB</i>	✓		11/25/19
Risk Management) <input type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent	<i>[Signature]</i>	✓		1/13/20
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management	<i>Soul [Signature]</i>	✓		1/14/2020



Site: Life Academy

Teacher Supervising Trip: Hillary Walker

Destination: Puerto Rico

Date of Departure: [REDACTED]

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE
(initial each item certifying completion)

- AW "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- AW "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- AW OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- AW No student has been prevented from making a trip due to lack of sufficient funds.
- AW No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
- AW Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.
- AW Meeting date: Thursday Jan 16, 2020 @ 5:30 P.M.
- AW Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- AW Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
- AW Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- AW Sleeping arrangements and night supervision are safe and appropriate.
- AW Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- AW Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
- AW OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- AW Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- AW Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Life Academy Site Number: 335
 Destination: Puerto Rico
 Departure - Date: [REDACTED] Time: _____ A.M.
 Return - Date: [REDACTED] Time: _____ P.M.
 Class(es)/Group Attending: 18 Life Academy students grade 9 - 12
 Grade(s): 9-12 # of Students: 18 # of Adults: 3
 Teacher Supervising Trip: Hillary Walker
 Supervising Teacher's Email Address: [REDACTED]

HEALTH CONDITIONS/MEDICATION:

Will there be any students participating in the field trip with the following conditions? Yes: No:

<input type="checkbox"/> Severe Allergy	<input type="checkbox"/> Student has an Epi-pen at school
<input type="checkbox"/> Asthma	<input type="checkbox"/> Student has an inhaler at school
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Seizures	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Other condition(s): _____	<input type="checkbox"/> Student has medication at school

Will any students need medications during the trip? Yes: No:

If the answer to any of these questions is yes, please fax this form to 879-4605.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward _____ of Student – please print)

to participate in a field trip on Date(s): _____

to: Puerto Rico

Emergency Number(s) for Parent/Guardian: 1. _____ 2. _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Student Health Conditions

- Severe Allergy to: _____ Student has an Epi-pen at school
- Asthma Student has an inhaler at school Diabetes Student has medication at school
- Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: _____ Subscriber/Policy No. _____

Swim/Water Activities Permission – If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes _____ No _____

My child's swimming ability is (check one): Beginner _____ Intermediate _____ Advanced _____

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Notice of Waiver of All Claims: I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Parent or Guardian Signature _____ Print Name _____ Date _____

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

_____ My high school student has my permission to arrive at and/or leave the destination on his/her own: _____ arrive _____ leave

Parent or Guardian Signature _____ Print Name _____ Date _____



DECLARATION OF DRIVER

Driver Name: Rodrigo Sandoval-Perez
 School or Center: Life Academy
 Teacher: _____ School Year: 2019-2020

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by _____ Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
 Policy No.: _____ Policy expiration date: _____
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

Name of Insurance Agent

Telephone Number of Insurance Agent

Address of Insurance Agent

5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the "Driver Instructions" on page 2 of this form.

Year _____ Make _____ Model _____ Passenger Capacity _____ Vehicle License No. _____

I certify that the information provided on this form is true and correct.

11/21/19 Rodrigo Sandoval-Perez _____
 Date Driver Name Signature of Driver Driver's License No. Cell Phone No.

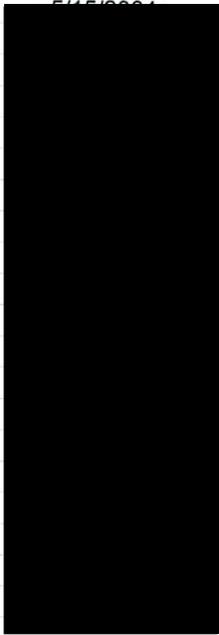
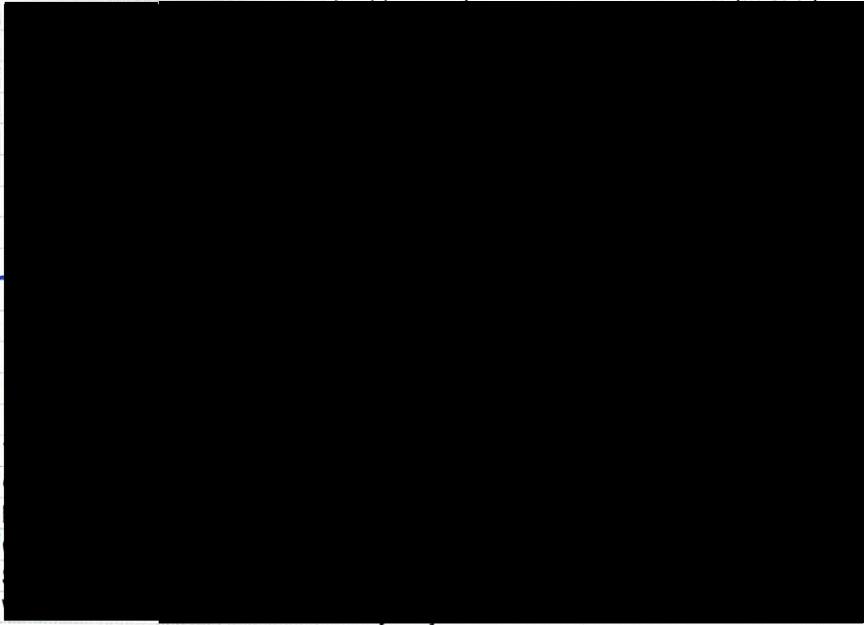
I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.

Date Registered Owner Name Signature of Registered Owner (if different from driver)

Attach a photocopy of driver's license and current insurance card or declarations page



Last Name	First and Middle (if applicable)	Gender Please enter (M or F)	DOB MM/DD/YYYY Example 01/31/1970
-----------	-------------------------------------	---------------------------------	--------------------------------------



17
Students

3
chaperones }
}



MEASURE N JUSTIFICATION FORM

OVERVIEW

In order to expend Measure N funds, the expenditures must meet the 5 criteria below:

1. Be Incorporated in the Measure N Education Improvement Plan that was approved by the Measure N Commission and the OUSD Governing Board
2. Align to the purpose of the Measure N initiative
3. Incorporate all four pillars of Linked Learning and logically lead to the Measure N Outcome Goals
4. Be aligned to the permissible uses outlined
5. Not supplant existing programs, positions, or expenditures at the school site that were previously supporting the Measure N Goals and Outcomes or overall school programming

Please use this form for all non-Escape requests to ensure proper justification is provided for the review process as outlined in this guide.

Date:	12/1/2019
Site Name & Number:	Life Academy 335
Pathway Name:	Health & Bioscience

Specific Expenditure or Service Type:	Lodging & transportation for pathway trip (Public Health) to Puerto Rico for 20 Academy student (approved in CO plan lines 26 & 28)
How is this specific expenditure or service type aligned to pathway development?	Giving students access to a research based travel experience will deepen their understanding of the public health field, increasing the likelihood of students furthering their education in the health field.
Why is this specific expenditure or service type needed?	Students need transportation to Puerto Rico & lodging while there

***** GALAXY TRAVEL *****
** 595 9TH STREET OAKLAND CA 94607 **
** GALAXYTRAVEL1969ATGMAIL.COM **
** TEL 510 839-9011 FAX 510 839-9015 **
** [REDACTED] **

SALES PERSON: SC ITINERARY/INVOICE NO. [REDACTED] DATE: 18 DEC 19
DUPLICATE [REDACTED] PAGE: 01

FOR: OUSD/LAHB

[REDACTED]

24,413.00

	air	hotel	Total
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



TOTAL AMOUNT DUE

24,413.00

***** GALAXY TRAVEL *****
** 595 9TH STREET OAKLAND CA 94607 **
** GALAXYTRAVEL1969ATGMAIL.COM **
** TEL 510 839-9011 FAX 510 839-9015 **
** [REDACTED] **

SALES PERSON: SC

ITINERARY/INVOICE NO. [REDACTED]

DATE: 18 DEC 19

DUPLICATE [REDACTED]

PAGE: 02

***** GALAXY TRAVEL *****

** 595 9TH STREET OAKLAND CA 94607 **

** GALAXYTRAVEL1969ATGMAIL.COM **

** TEL 510 839-9011 FAX 510 839-9015 **

** ARC IATA [REDACTED] **

SALES PERSON: SC ITINERARY/INVOICE NO. 0048050
DUPLICATE [REDACTED] PAGE: 03

DATE: 18 DEC 19

THANK YOU FOR CALLING GALAXY TRAVEL

PLEASE CALL US AGAIN - SHIRLEY

PLEASE RECFM ALL FLTS 72 HRS BEFORE RETURN

PRICES, TAXES AND FUEL SURCHARGES ARE SUBJECT TO CHANGE
UNTIL TICKETED

PLEASE PURCHASE ADEQUATE TRAVEL INSURANCE
FOR INTERNATIONAL TRAVEL, PASSPORT WITH 6 MONTHS
VALIDITY IS RECOMMENDED

THE TRAVELLER IS RESPONSIBLE FOR ANY VISA REQUIREMENTS
ON INTERNATIONAL TRAVELS

PLEASE VERIFY LEGAL NAMES. YOUR FIRST/LAST NAME MUST
MATCH YOUR PASSPORT

PLS REVIEW THE TRAVEL ITINERARY AND INV PRICE CAREFULLY
AFTER YOUR TICKETS ARE ISSUED, CHANGE FEE, CANCELLATION
FEE WILL APPLY

PROCESSING FEE FOR PUBLISHED AIR TICKETS IS 50.00
PER PERSON

CHANGE FEE, REISSUE FEE AND CANCELLATION FEE IS 50.00
PER PERSON PER TRANSACTION

PLEASE ACKNOWLEDGE THAT YOU HAVE REVIEW THE ABOVE AND
UNDERSTAND THE TERMS AND CONDITIONS LISTED BY SIGNING
BELOW

TOTAL PRICE IS 24413.00