BOOKING TRANSFER REQUEST FORM (FOR RESERVATIONS INITIALLY MADE DIRECTLY WITH DISNEY)

War DisnepWorld.	Disneyland	Disnep (EUISE LINE	AULANI A ADISNEP RESORT & SPA KO OLINA, HAWAITI	DVENTURES*
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RESERVATION DETAILS			TRAVEL AGENCY DETAILS		
Reservation Number:			Travel Ager	-	
-				aradise Planner	
Lead Guest's Name:			Travel Ager	nt Name:	
Arrival Date:			Phone:	888-373-3677	
			Agency CLI	A or IATA: 10753396	
Departure Date:			City: Spr	ing Hill	
Resort/Ship/Itinerary:			State/Provi	ince: Florida	
			Country:	USA	
One adult from the reservat travel agent. If there are mu Request Form must be subm full may be requested within Disney's sole discretion. Res	ultiple reservations t nitted by each reserv n 30 days of the initia	raveling toget vation. Transfo al booking. An	her for these er of reserva ny requested	e travel dates, one signe ations (or voyage fares) v I transfer subject to Disn	d Booking Transfer vhich are not paid in
I authorize my Travel Agent to assume ownership and responsibility for my reservation.					
Guest Name:					

FOR TRAVEL AGENT USE ONLY:

For Walt Disney World® Resort reservation transfers, please fax to (407)938-9487 or email WDWDRCIATATAKEOVERS@email.disney.com.

For Disney Cruise Line reservation transfers, please email Bookingtransfer@disneycruise.com.

For *Disneyland*® Resort reservation transfers, please fax to (818)260-8672 or email WDTC.Guest.Service.Specialist@disneyonline.com.

For Adventures by Disney® reservation transfers, please email Bookingtransfer@adventuresbydisney.com.

Guest Signature: _____ Date: _____

For Aulani, A Disney Resort & Spa reservation transfers, please fax to (407)938-9487 or email WDWDRCIATATAKEOVERS@email.disney.com.