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

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RESERVATION DETAILS			TRAVEL AGENCY DETAILS		
Reservation Number:		Travel Age	Travel Agency Name:		
		LaMad	cchia Travel		
Lead Guest's Name:		Travel Age	Travel Agent Name:		
		Elliott	Hogan		
Arrival Date:		Phone: 20	Phone: 262.909.7058		
Barratura Bata		Agency CLI	A or IATA: 5253830	1	
Departure Date:		city: Ker	nosha		
Resort/Ship/Itinerary:		State/Province: Wisconsin			
		Country: (JSA		
One adult from the reservation number travel agent. If there are multiple reservation must be submitted by full may be requested within 30 days Disney's sole discretion. Reservation	servations traveling each reservation. Tof the initial bookin	together for thes ransfer of reserva g. Any requested	e travel dates, one signed ations (or voyage fares) w I transfer subject to Disno	d Booking Transfer which are not paid in	
I authorize my Travel Agent to assum	e ownership and re	sponsibility for m	y 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.