



# DISNEY WORLD

## CLIENT INFORMATION FORM

### GUESTS

Please provide names of all guests.

(The lead guest will need to show a driver's license upon check in. Enter the name as it appears on license.)

Salutation <small>Mr/Mrs/Ms/Mstr/Miss</small>	Guest Name	Adult	Child's Age	Child's Date of Birth
1.		<input type="checkbox"/>	—	—
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		
5.		<input type="checkbox"/>		
6.		<input type="checkbox"/>		
7.		<input type="checkbox"/>		
8.		<input type="checkbox"/>		

### CREDIT CARD *Please complete or call to provide information:*

Disney Visa    Visa    MC    Am Ex    Discover

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_ Security Code \_\_\_\_\_

Use this card for charges incurred during your stay

### BILLING ADDRESS

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_  Mobile    Land Line

Mailing Address (if different) \_\_\_\_\_

### MY DISNEY EXPERIENCE

If you would like help linking your reservations, making FastPass+ or dining plans, please complete this section.

User name \_\_\_\_\_

Password \_\_\_\_\_

### ADDITIONAL INFORMATION

MEMORY MAKER    No    Yes

INSURANCE    No    Yes    Undecided at this time

TRANSPORTATION    Driving    Airline \_\_\_\_\_

Inbound Date/Flight No. \_\_\_\_\_

Outbound Date/Flight No. \_\_\_\_\_

### CELEBRATIONS (Examples: First Visit, Birthday, Anniversary, Graduation)

Who/What \_\_\_\_\_

### ALLERGIES/SPECIAL NEEDS \_\_\_\_\_

### ROOM REQUEST \_\_\_\_\_

(Requests are not guaranteed but all efforts will be made to accommodate your wishes..)

### FOR OFFICE USE ONLY

#### Reservation

Res # \_\_\_\_\_

TW# \_\_\_\_\_

Check-in \_\_\_\_\_

Check-out \_\_\_\_\_

Resort \_\_\_\_\_

Room Type \_\_\_\_\_

Trip Protection Insurance

Tickets: No. Days \_\_\_\_\_

Base    WP    PH    PH+

Events: \_\_\_\_\_

Dining Plan:  None    QS

DDD    DD+    Deluxe

#### Important Dates

Task	Complete
Dining: _____	<input type="checkbox"/>
Fast Pass: _____	<input type="checkbox"/>
Mag Exp: _____	<input type="checkbox"/>
Final Pay: _____	<input type="checkbox"/>

#### Payments

Amount	Date
<input type="checkbox"/> Deposit _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<input type="checkbox"/> Final Payment _____	_____

#### Extras

Stroller \_\_\_\_\_

ECV \_\_\_\_\_

Other \_\_\_\_\_

#### Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Com recv'd