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

Walt Disnep World:	Disneyland.	Disnep (R	UISE LINE	AULANI A  ADISNEP RESORT & SPA KO OLINA, HAMAI'I	DVENTURES≭ BY⊕ISNEP
RESERVATION DETAILS				TRAVEL AGENCY D	ETAILS
Reservation Number:			Travel Ager	ncy Name:	
Lead Guest's Name:			Travel Ager	nt Name:	
Arrival Date:			Phone:		
Departure Date:			Agency CLI	A or IATA:	
			City:		
Resort/Ship/Itinerary:			State/Provi	ince:	
			Country:		
One adult from the reservat travel agent. If there are mu Request Form must be submfull may be requested within Disney's sole discretion. Res	ultiple reservations t nitted by each reserv n 30 days of the initia	raveling togetl vation. Transfe al booking. An	ner for these er of reserva y requested	e travel dates, one signe itions (or voyage fares) v I transfer subject to Disn	d Booking Transfer which are not paid in
I authorize my Travel Agent	to assume ownershi	p and respons	ibility for my	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.