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

WALT DISNEPWORLD DIST	reyland Disney	RUISE LINE	AULANI AI	DVENTURES*
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RESERVATION DETAILS		TRAVEL AGENCY DETAILS		
Reservation Number:		Travel Agency Name:		
		Design	Our Travel® LLC	
Lead Guest's Name:		Travel Agen	t Name:	
Arrival Date:		Phone: 304.909.3023		
Departure Date:		Agency CLIA	or IATA: 00038272	
		City: \//o	llsburg	
Resort/Ship/Itinerary:			0	
		State/Provi	WV	
		Country:	26070	
One adult from the reservation number listed above must sign this form requesting the transfer of this booking to their travel agent. If there are multiple reservations traveling together for these travel dates, one signed Booking Transfer Request Form must be submitted by each reservation. Transfer of reservations (or voyage fares) which are not paid in full may be requested within 30 days of the initial booking. Any requested transfer subject to Disney's approval is Disney's sole discretion. Reservations which are paid in full are not eligible for a transfer request.  I authorize my Travel Agent to assume ownership and responsibility for my reservation.  Guest Name:				
Guest Signature:		Date:		
FOR TRAVEL AGENT LISE ONLY.				

## 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  $Adventures\ by\ Disney^{\otimes}\ reservation\ transfers,\ please\ email\ Booking transfer@adventures\ by\ disney.com.$ 

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