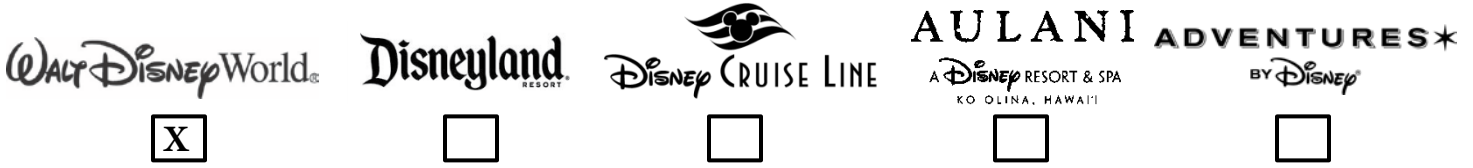


BOOKING TRANSFER REQUEST FORM
 (FOR RESERVATIONS INITIALLY MADE DIRECTLY WITH DISNEY)



RESERVATION DETAILS

Reservation Number:
Lead Guest's Name:
Arrival Date:
Departure Date:
Resort/Ship/Itinerary:

TRAVEL AGENCY DETAILS

Travel Agency Name:	Traveling Ears Vacations
Travel Agent Name:	Stephanie Howard
Phone:	713-591-4412
Agency CLIA or IATA:	45678916
City:	Richmond
State/Province:	TX
Country:	USA

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 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.

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