

Check one		DISNEYLAND RESORT PARIS "SPECIAL RATE" INDIVIDUAL RESERVATION REQUEST	
<input type="checkbox"/>	ORIGINAL	Revised Mar 04	COUNTRY
<input type="checkbox"/>	MODIFICATION		
<input type="checkbox"/>	CANCELATION		

GUEST INFO ** Please PRINT CLEARLY and enter ALL requested information **

LAST NAME : _____ **ADDRESS :** _____
First Name : _____
Company : _____ **Title :** _____

VIP

Check if applicable

RESERVATION INFO

	Day	Month	Year
ARRIVAL DATE			
DEPARTURE DATE			

	# of Rooms	Room Type
ROOMS		

	TOTAL	Adults	Children
NUMBER OF GUESTS			

RATE REQUESTED	Cost Ctr Internal Rate	30% Credit card #	50% Credit card #	Cost Ctr FULL Rate	Full rate Credit card #
<input checked="" type="checkbox"/> <i>Check one</i>					

REVENUE MANAGEMENT DISNEYLAND PARIS

Name : _____

Signature : _____

Date : _____

COST CENTER

N° _____

Exp. Date : _____ **name of holder:** _____

N° _____

OR

CONFIRMED TOTAL COST _____ €

Tax Incl. (CRO use)

**** The total amount of the reservation will be debited 30 days before arrival, or immediately if booked within 30 days**

RESA # _____

HOTEL _____

Booked *(CRO use)*

Priority 1,2,3	Resort Name
	DISNEYLAND Hotel
	NEW YORK Hotel
	NEWPORT BAY CLUB
	SEQUOIA LODGE
	CHEYENNE
	SANTA FE
	RANCH DAVY CROCKETT
	GREATER RESORT

Vouchers per person *	
Quantity	Type of voucher
	Character Breakfast
	Wild West Show
	Menu du Chef
	Menu Découverte
	Menu Gourmet
	Menu Pluto (cost ctr only)
	Coupon Boisson
	MUSS (Manchester United Soccer Schools)
	PARK TICKETS

	Special Rate Segment
	BUSINESS PROMOTION
	DISNEY BUSINESS TRAVELER

* On 30% and 50% hotel reservations, vouchers are charged full rate

SPECIAL REQUESTS

REQUESTED BY

NAME : _____ **Telephone :** _____
SIGNATURE : _____ **FAX :** _____

AUTHORISED BY

(Director / Senior Manager)

NAME : _____ **SIGNATURE :** _____
Telephone : _____ **Date :** _____

FAX to C.R.O.: (00 33) (0)1 64 74 54 18 (tie line 8322) - Tel : 01 60 30 60 92 (tie line 8321)