

Please complete the form below and fax it to Jaclyn Rhoads at 407-369-4613. We cannot release any documents, tickets or information to you until we receive this form.

Credit Card Information -	Signature Required if section is applicable		
Please charge \$card. All charges to your credit	to my credit card listed below. (Please note the card will be made by The Walt Disney Travel Compa	nat Mouseketrips, LLC. does not char any, or the appropriate party.)	ge your credit
Name (as it appears on your c	redit card):		
Billing Address:			
Billing City, State and Zip:			
Credit Card Type and Number	:		
Expiration Date:	Telephone Number:		
Signature of Authorization:			
CVV (code on the signature lin	ne of credit card, or on the front of Amex):	Today's date:	
Travel Affirmation – Signat	ure Required		
made on my behalf by Mouse	ave reviewed the reservation dates, times, payment ketrips, LLC, and I agree that they are correct and a on, errors or omissions on my behalf or on behalf of	ccurate. I understand that Mouseketri	ps, LLC. is not
Signature:	Today's Date:	_	
Travel Insurance – Signatu	re Required		
	ded by Mouseketrips, LLC. to protect you from situated ld result in a loss of time and money. Please check o		be cancelled,
[] I hereby accept trip insura	ance. I agree to all the terms and conditions of the inst	urance program.	
Signature:	Today's Date:		
[] I hereby waive trip insur- claims made on my part of this	ance recommended by Mouseketrips, LLC I underst stransaction.	and that Mouseketrips, LLC will be he	əld free of any
Signature:	Today's Date:		
For Office Use Only: Reserve	ation # Travel Dates:	Optails:	



Phone: (801) 501-0800