

Booking Transfer Authorization Form

Reservation Details

Reservation Number: _____

Lead Guest Name: _____

Sail Date: _____

Ship: _____

Category: _____

Stateroom #: _____

My Travel Agency Details

Travel Agency Name: _____

Travel Agent: _____

Agency Corporate Phone #: _____

Travel Agent Phone #: _____

City (optional): _____

State/Province (optional): _____

Country : _____

I authorize My Travel Agency to resume ownership and responsibility for my reservation.

Guest Name _____

Guest Signature _____ Date _____

After signing, please fax this Authorization Form to: 407-566-7739

Or please email this form (with the proper signature) to:

DCLTSOSpecialists@email.disney.com

This Authorization Form can also be mailed to:

Disney Cruise Line
Attn: TSO Specialists
PO Box 10,210
Lake Buena Vista, FL 32830
USA

One adult from the reservation number listed above must agree to transfer the booking to your travel agent. One adult from the reservation number is required to sign this form. **Reservations with voyage fare paid in full are not eligible to be transferred to your travel agent.** Reservations must be in the same currency to be transferred. If payments are not received by due date, reservation will automatically cancel and cancellation fees will apply. *Disney Cruise Line* will not be responsible for the receipt of refund monies by the Guest from the travel agent. Please note certain travel agents may withhold an agency cancellation fee.