

Booking Transfer Authorization Form

Reservation Details	My Travel Agency Details
Reservation Number:	_ Travel Agency Name: KHM Travel Group
Lead Guest Name:	
Sail Date:	
Ship:	
-	City (optional): Brunswick
	_ State/Province (optional): Ohio
	Country: United States
I authorize My Travel Agency to resume own Guest Name	ership and responsibility for my reservation.
Guest Signature	
After signing, please fax this Authorization Form to: 407-566-7739	
Or please email this form (with the proper signature) to:	
DCL.Resort.and.Travel.Ops.Specialist@disney.com	
This Authorization Form can also be mailed to:	
	Disney Cruise Line Attn: Resort & Travel Operations Specialist 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.