

2010 STN CONVENTION DISNEYLAND HOTEL ROOMING LIST

SCHOOL NAME:	CONTACT NAME:	PHONE:
BILLING ADDRESS:		CELL PHONE:
PARENT/CHAPERONE NAME:		E-MAIL:

ROOM	LAST NAME	FIRST NAME	ARRIVAL	DEPART	CHILD	STUDENT	ADULT	COMMENTS
1								
2								
3								
4								
5								
6								

PLEASE FORMAT ARRIVAL AND DEPARTURE DATES AS MM/DD/YYYY.	NAME ON CARD:
THE DISNEYLAND HOTEL'S RESERVATION CANCEL/CHANGE POLICY IS ONE WEEK (7 DAYS)	CARD TYPE:
ALL RESERVATIONS ARE TENTATIVE UNTIL CONFIRMED BY A ONE-NIGHT DEPOSIT OR GUARANTEE W/CREDIT CARD	CREDIT CARD #
FOR QUESTIONS RELATED TO YOUR ROOM PLEASE CALL DARWIN MANZALA AT 714-520-5020 OR DARWIN.MANZALA@DISNEY.COM FAX: 714-520-7097	3 OR 4 DIGIT NO ON BACK:
PLEASE NOTE THAT THERE CAN ONLY BE FIVE (5) PEOPLE PER ROOM	EXPIRATION DATE: