Magical Travel Intake Form

| Name: | | | | | | |
|---|---|------|--|--|--|--|
| Address: | | | | | | |
| | | | | | | |
| Who | | | | | | |
| Please | e list first and last names of all members of the trip. | | | | | |
| 1. | Name: | Age: | | | | |
| 2. | Name: | Age: | | | | |
| 3. | Name: | Age: | | | | |
| 4. | Name: | Age: | | | | |
| More? If so, please add any additional travel members to the back of this form. | | | | | | |
| When | | | | | | |
| What is the time period you're planning to travel? Please list specific dates if known. | | | | | | |
| If dates are flexible, please give the available date range. | | | | | | |

Where

How many days would you like to spend in the parks?

| Please indicate which parks you'd like to visit. | | | | | | | | | | |
|--|-------------------|----------------|----------------|-------------|-------------------|--|--|--|--|--|
| WDW: | Magic Kingdom | EPCOT | Anim | nal Kingdom | Hollywood Studios | | | | | |
| Please select any additional extras you would like to enjoy at Walt Disney World: | | | | | | | | | | |
| Disney's | Wide World of Spo | rts | Miniature Golf | | Water Parks | | | | | |
| Golf Bibbity Bobbity Boutique (3-12 yo) Resort Childcare | | | | | | | | | | |
| Firework | s Cruise | After Hours Sp | pecial Tickete | ed Event | Dessert Party | | | | | |
| Horseba | ck Riding | Cirque du Sole | eil | Boat Rental | Spa | | | | | |
| VIP/Backstage Tour Safari/Animal Encounter Dinner Show | | | | | | | | | | |
| Aerophile (Hot air balloon-type activity at Disney Springs) | | | | | | | | | | |
| Other: | | | | | | | | | | |
| What | | | | | | | | | | |
| Passions | 5 | | | | | | | | | |
| Please describe your interests, hobbies, or vacation preferences that you would like to build your trip around. (Ex: Do you love live music? Do you like to try all of the water sports at the beach? Do you like to eat adventurous foods? Do you find learning about animals fascinating? Do you want to find a quiet place to read and drink coffee?) | | | | | | | | | | |
| | | | | | | | | | | |
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| Priorities | 5 | | | | |
|------------|----------------------------------|--------------------------------------|--|-------------------------------|--------------------|
| only? Do g | you want direc ary dinner? Do | t flights if possi you want to sp | trip. (Ex: Do you want ible vs specific airlines end a day at a spa, or ge included if it is an o | s? Do you war on an advent | nt to have a nice, |
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| How | | | | | |
| What is y | our budget for | this trip? | | | |
| What doe | es your budget | need to include | e? | | |
| Flight | Hotel | Tlckets | Transportation | Meals | Extras |

*I will make plans and send quotes to comply with this budget. If it is flexible, please let me know.

Where will you be traveling from?

Where will you be returning to?

Specials

Please list any special requests you'd like to be sure to include. (Ex: restaurant, hotel, specific city to visit, park day preference, etc.)

Would you like to include any other activities in the Orlando area during your trip? If so, please select below or list as other.

Universal Orlando Volcano Bay Waterpark SeaWorld

Aquatica Waterpark LEGOLAND

Accommodations

What type of accommodations are you interested in? Please list a specific resort if you have one in mind.

On Disney Property

Value (\$100-200s) Moderate (\$300-400s) Deluxe (\$400+) Cabin/Campground

Off Disney Property - Good Neighbor Hotels

Please list any preferred hotel chain if you have one.

Will you need a rental car or transportation from the airport?

Dining

Are you interested in the Disney Dining plan?

If so, please select one: Disney Quick-Service Dining Plan Disney Dining Plan

What is that?? Why would I want that??

Please list any specific dining reservations you are interested in, if you have preferences.