

## ROOM RESERVATION

**INSTRUCTIONS:** Please complete this room reservation form as soon as possible so that reservations can be made to reflect your request as completed below. Please submit completed form to Theresa Holmes at [twhite@diamondheadache.com](mailto:twhite@diamondheadache.com). For any questions, please feel free to contact us at (773) 388-6383.

### GUEST INFORMATION

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 OFFICE # \_\_\_\_\_ OFFICE FAX # \_\_\_\_\_  
 HOME # \_\_\_\_\_ MOBILE # \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 SECONDARY CONTACT \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

### RESERVATION DETAILS

LOCATION : **Disney's Grand Floridian Resort & Spa**  
 4401 Floridian Way  
 Lake Buena Vista, FL 32830

CHECK IN DATE \_\_\_\_\_ CHECK OUT DATE \_\_\_\_\_ # NIGHTS \_\_\_\_\_

PREFERRED ROOM TYPE:  STANDARD – 1 KING  STANDARD – 2 DOUBLE/QUEEN

# GUESTS: \_\_\_\_\_ *\*Please indicate name and age for each additional guest below.  
 Please note that there may be additional fees per person per night.*

1) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____
2) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____
3) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____
4) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____