



**2011 RESORT RESERVATIONS**

- Every effort will be made to honor specific requests. After this form has been properly completed and returned to our office, all requests will be honored on a first-come, first-served basis. Should duplicate requests occur, priority will be given based on seniority of Membership in the Miracle Makers Club.
- Please submit no later than **August 15, 2011** for room availability. Please fax to **(407) 938-2958** or mail in the enclosed self addressed envelope
- If you have any questions regarding your Resort Reservations, please contact the Tournament Reservationists **(407) 824-3850**.
- Reservations subject to availability and shall not be effective until accepted in writing by an official of the Children's Miracle Network Classic

Check Resort	RESORTS	PRICING
	DISNEY'S GRAND FLORIDIAN Resort & Spa	\$310
	DISNEY'S GRAND FLORIDIAN Resort & Spa – Concierge	\$422
	DISNEY'S POLYNESIAN Resort	\$287
	SHADES OF GREEN® Resort	\$175

All room rates are tax inclusive

**MIRACLE MAKERS CLUB MEMBER RESORT INFORMATION**

Name in which the room is to be registered \_\_\_\_\_

Number of Rooms \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

Number in Party: \_\_\_\_\_

List of All Guest Names

- |          |                          |       |                          |       |                 |
|----------|--------------------------|-------|--------------------------|-------|-----------------|
| 1) _____ | <input type="checkbox"/> | Adult | <input type="checkbox"/> | Child | Child Age _____ |
| 2) _____ | <input type="checkbox"/> | Adult | <input type="checkbox"/> | Child | Child Age _____ |
| 3) _____ | <input type="checkbox"/> | Adult | <input type="checkbox"/> | Child | Child Age _____ |
| 4) _____ | <input type="checkbox"/> | Adult | <input type="checkbox"/> | Child | Child Age _____ |

Home Mailing Address (street address only): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Payment Information**

Credit Card – Please charge first night deposit to the credit card below

- VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER    DINERS CLUB    JCB

Exact Name appearing on credit card (please print) \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature to Charge Credit Card \_\_\_\_\_

**Please provide a local phone number for the Tournament week if you will not be staying at the WALT DISNEY WORLD® Resort. We will need this information in case of emergency.**

\*\*\*LOCAL PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_.