

Hong Kong Disneyland Resort Hotel Reservation Form

Please complete the form in ENGLISH and return by email at reservations@hongkongdisneyland.com or fax at (852) 3407-3159.

Attention to: _____ (Name of Reservation Sales Agent) 担当者の名前(※1)

(I) Guest Profile

= Please tick below where appropriate

Registered Guest (Aged 18 or above)					
Name on Passport / HKID Card – Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms. 代表者の性別にチェック、以下、代表者名等を記入					
Last Name	姓 eg. Minnie	First Name	名 eg. Mouse		
Address	住所 eg. 1-1, Maihama				
City	都市 eg. Urayasu	State/Country	国 eg. Japan	ZIP/Postal Code	郵便番号 eg. 279-8511
Contact No.	電話番号 eg. +81-3-1234-5678	E-mail	メールアドレス	Fax	FAX番号 eg. +81-3-1234-5678
Flight Info (for overseas guests)	Arrival Date	香港到着日(月/日/年) (mm/dd/yy)	Departure Date	香港出発日(月/日/年) (mm/dd/yy)	

(II) Hotel Room Reservation

Arrival Date	チェックイン日(月/日/年) (mm/dd/yy)		Departure Date	チェックアウト日(月/日/年) (mm/dd/yy)	
No. of Guests (Max. capacity per room is 4 guests, including infant)	(2) Adult ()内に人数を入力 () Child (Aged 3-11) () Infant (Aged below 3)		No. of Room(s) Reserved	予約する部屋数 eg. 1	
Additional Guest Name 同室者	1) Last Name: eg. Mickey		First Name: eg. Mouse		
	2) Last Name:		First Name:		
	3) Last Name:		First Name:		
Hotel Preference	Room Type	Bed Type		Room Preference	
		1 King-size Bed	2 Double Beds		
Hong Kong Disneyland Hotel	Kingdom Suite ¹	~	~	<input type="checkbox"/> Smoking <input checked="" type="checkbox"/> Non-smoking ←希望する部屋・ベッドのタイプのチェックを入れ、↑のSmoking(喫煙)またはNon-smoking(禁煙)にチェックを入れる ※←のN/Aは該当する部屋がないことを示す	
	Kingdom Club ¹	N/A	~		
	Fantasia ²	<input checked="" type="checkbox"/>	N/A		
	Sea View w/ Balcony	N/A	~		
	Sea View	N/A	~		
	Garden View	~	~		
Disney's Hollywood Hotel	Park View	~	~		
	Sea View	~	~		
	Garden View	~	~		

(III) Park Ticket Reservation

※同時にパークチケットを予約する場合のみ記入。Date of Visitに入園日(月/日/年)を入れ、希望のパスポート欄に数字を記入。

One-day Park Tickets ³	Date of Visit:			(mm/dd/yy)
	Adult (Aged 12-64)	Child (Aged 3-11)	Senior (Aged 65/above)	
	HK\$350 x ____pc(s)	HK\$250 x ____pc(s)	HK\$170 x ____pc(s)	
Annual Pass	Adult (Aged 12-64)	Child (Aged 3-11)	Senior(Aged 65/above)	Full-time Student(Aged 12-25)
~ Value Annual Pass	HK\$650 x ____pc(s)	HK\$460 x ____pc(s)	HK\$370x ____pc(s)	HK\$460 x ____pc(s)
~ Deluxe Annual Pass	HK\$1,300 x ____pc(s)	HK\$930 x ____pc(s)	HK\$740x ____pc(s)	HK\$930 x ____pc(s)
~ Premium Annual Pass	HK\$1,800 x ____pc(s)	HK\$1,250 x ____pc(s)	HK\$1,000x ____pc(s)	HK\$1,250 x ____pc(s)

(IV) Pre-arrival Meal Coupon for Breakfast³

※同時に朝食を予約する場合のみ記入。希望のレストランにチェックを入れ、Dining Dateに希望日(月/日/年)を入れ、右側に人数を記入。

	Restaurant	Dining Date (mm/dd/yy)	Quantity
Hong Kong Disneyland Hotel	~ Enchanted Garden	_____	___ Adult (aged over 12) ___ Child (aged 3-11)
	~ Grand Salon	_____	___ Adult (aged over 12) ___ Child (aged 3-11)
Disney's Hollywood Hotel	~ Chef Mickey	_____	___ Adult (aged over 12) ___ Child (aged 3-11)

(V) Hotel Add-on Product Reservation ※同時にスパなどを予約する場合のみ、希望するものの右側に人数(あるいは個数)を記入。

Product	Quantity
~ Victorian Add-on Spa Treatment (Promotion Period: Now to Dec 15, 2010) (HK\$798 per adult Guest, Original: HK\$1,350)	HK\$798 x _____pc (s)
~ Star Pass (Promotion Period: Jul 1 to Aug 31, 2010) (HK\$198 Aged 3 or above)	HK\$198 x _____pc (s)

Important Information:	Remarks
<ul style="list-style-type: none"> z Rooms are subject to availability. z Each adult guest can reserve up to THREE rooms for the same arrival date. z Check-in time: 3pm; check-out time: 11am z All rates are subject to change. z All requests including, but not limited to, specific room types, non-smoking/smoking, and location are not guaranteed and subject to availability. 	<ol style="list-style-type: none"> 1. Kingdom Club Rooms/ Suites are located on the Kingdom Club floor with dedicated reception and exclusive club lounge. 2. Fantasia Rooms are large corner/turret rooms equipped with a King-size bed and luxurious Jacuzzi bathroom. 3. Payment for Park tickets and Pre-Arrival Meal Coupons can be made upon arrival.

Credit Card Guarantee**Important Information:**

- z To secure a room, your first room night will be charged to your credit card upon booking. **To protect credit cardholder data, please complete the attached Payment Authorization Form and fax to (852) 3407-3159.**
- z If the payer is not the registered guest, a third party payment authorization is required. We will send you the Third Party Payment Form upon request.