



DISNEY GRAD NITE 2010 RESERVATION

To reserve a space for your school go to www.DisneyGradNite.com or fax the reservation form to 407-566-7688.

SCHOOL INFORMATION

Official School Name _____

Street Address (no Post Office Boxes, please) _____

City _____ County _____ State _____ Zip _____
() ()

School Phone number with area code _____ School Fax number with area code _____

Group Leader's Name _____ Title _____
()

Group Leaders Phone number with area code _____ Group Leader's Email Address (Permission granted to follow-up with electronic correspondence) _____

Principal's Name _____

2010 Class President's Name _____ 2010 Newspaper Editor's Name _____

Class President's Email Address (Permission granted to follow-up with electronic correspondence) _____ Newspaper Editor's Email Address (Permission granted to follow-up with electronic correspondence) _____

ORGANIZATION TYPE

(Check all that apply)

- Public School
- Private School
- High / Sr High
- K-12
- Magnet
- Charter
- Religious
- Home School
- Other: _____
specify

CHAPERONE ADMISSION

All groups must have at least one adult (age 21 or older) chaperone. One chaperone ticket is available for every 10 student tickets purchased (e.g. 59 student tickets purchased => 5 chaperone tickets, while 60 student tickets purchased => 6 chaperone tickets). If you have more chaperones than this 10:1 ratio, they are required to purchase tickets at the student price in order to attend.

ESTIMATED GROUP SIZE

Please provide an estimate of the number of students and chaperones that will be attending from your school. These numbers are estimates only and can be modified.

Students _____ Chaperones _____

REQUESTED EVENT DATE

Since requested dates cannot be guaranteed, please provide us with your first and second choice of dates. To do this, please place a "1" by your first choice, and a "2" by your second choice.

Disney Grad Nite 2010 Dates:

_____ Friday, April 23 _____ Saturday, April 24
_____ Friday, April 30 _____ Saturday, May 1

FAX FORM TO 407-566-7688

Attendance for ALL events is limited. Requests will be processed on a first-come, first-served basis. Confirmation of your date will be available within two weeks of receipt of your request. Please note that completing this form is not a guarantee your school will be able to attend on the night of your first choice.

TRAVEL PLANNER INFORMATION (Complete when using a travel planner to organize your trip.)

Performing Arts Consultants _____ Paul Serra _____
Company Name _____ Contact Name _____

88 W. Front Street _____
Street Address (no Post Office Boxes, please) _____

Keyport _____ NJ _____ 07735 _____
City _____ State _____ Zip _____

(732) 264-3033 _____ (732) 264-0115 _____
Contact's Phone number with area code _____ Contact's Fax number with area code _____

DISNEY GRAD NITE EVENT ADD-ON OPTIONS (Mark all options your group would like to purchase.)

- Walt Disney World® Theme Park Tickets
- I am interested in Walt Disney World® Resort accommodations for my group
- Disney Grad Nite Event Meal Coupons
- I am interested in a Pre-Party option for my group