

Epcot Teddy Bear & Doll Weekend Seating Request

Seating for the March 19th dinner will be pre-assigned; your entire group will be seated according to this completed form. All seating requests will be processed and assigned randomly. Please follow these instructions **carefully** to insure your party is seated together.

- Designate one person to submit the request form for your group. **Submit only one seating request form per table.**
- The designated person's name goes on the first line. Then list the first and last names of up to seven other Event Guests that you would like to be seated at the same table. **(Please complete this form even if your name will be the only one listed.)**
- Write each name as it appears on that person's reservation. **(Do not use a nickname or hyphenated name on the form unless you are sure that it will match our records.)**
- A correct Epcot Teddy Bear & Doll Weekend reservation/confirmation number (located on your mailing label) is required for each person listed on your form. **Incomplete forms will be returned - corrected forms may not be accepted if received after the deadline.**
- Please make note of any **dietary restrictions** of those listed on your form by marking the box next to their name. (This includes requests for children's meals for children 3-9 who are Event Guests.) **Please indicate the specific restriction on the bottom of this form.**
- Due to the seating in the dining room, please make note of any **guests in need of special assistance** so we can be sure to seat everyone appropriately. We will contact each guest with differing abilities to discuss seating options prior to the event.
- Seating request forms must be **received by March 1, 2005**. Changes or additions to submitted forms will not be accepted after **March 1, 2005**. (Fax 407.566.1387 or e-mail wdw.event.reservations@disneyworld.com)
- Walt Disney Event Services will determine appropriate seating for any individual whose name appears on multiple seating request forms.

	<u>Res/Conf #</u> <u>(Required)</u>	<u>Dietary</u> <u>Restrictions?</u>	<u>Special</u> <u>Assistance?</u>
1. <u>(Your Name)</u> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>