



(450) 458-2713
info@lexanadu-disney.com
www.lexanadu-disney.com

Rate Request

Please complete and sign this form and e-mail to:
info@lexanadu-disney.com or fax it to: (450) 202-0655

Requested by: _____

Fax No: _____

Date of Request: _____

Reservations may be made by telephoning (450) 458-2713 or faxing to (450) 202-0655. Four-day option will be given to allow time for completing the booking after a request has been granted over the telephone. At this time a [rental agreement](#) must be filled out and returned with the required deposits as specified in the agreement.

All reservations must include a \$200.00 deposit or 20% of total amount before taxes (whichever is greater) which will be applied to the final balance. In addition there is a non-refundable \$30.00 administration fee.

A refundable security deposit of \$500.00 will be held against a major credit card at the time of filling out the rental agreement.

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The balance of the payment is required six weeks prior to arrival as per the payment option you have chosen. If you are booking less than six weeks prior to arrival, payment in full is due at the time of reservation. Once we have received your request form we will send you a rental agreement. After we have received the signed rental agreement we will send you confirmation # and an account balance in detail.



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| Date of Arrival | Date of Departure | Number of Nights |
|-----------------|----------------------|------------------|
| | | |
| Mr/Mrs/etc. | First Names Surnames | Age, if under 16 |
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |

Address: _____

Postal Code/Zip Code _____ Telephone _____

Special Requests

| | YES | NO |
|-----------|-----|----|
| Pool Heat | | |
| Crib | | |
| Highchair | | |

Other Requests (Please specify)

* It is understood that this booking request is not to be treated as a confirmed booking until a confirmation number has been provided by Le Xanadu

For Internal use only:

Date Received: _____

Date Confirmed: _____