THANKSGIVING DINNER SPECIAL ORDER FORM

Credit Card Agreement Form. Must be received before Tuesday, November 19th, 2024.	
Choose Dinner Option:	
WHOLE TURKEY OPTION \$249 \$200 full dinner / \$36 Service Charge / \$13 Taxes Feeds 8-10 people	HALF TURKEY OPTION \$124.50 \$100 full dinner / \$18 Service Charge / \$6.50 Taxes Feeds 4-6 people
Sides: Stuffing Mashed Potato Sweet Potato Casserole Green Bean Casserole Rolls and Butter Gravy Cranberry Sauce	Sides: • Stuffing • Mashed Potato • Sweet Potato Casserole • Green Bean Casserole • Rolls and Butter • Gravy • Cranberry Sauce
Pumpkin Pie	Pumpkin Pie
Thank you for selecting the Floridays Resort Orlando for your upcoming visit to Orlando.	
l,	, hereby authorize the Floridays Resort Orlando
to charge my credit card.	
(Please submit copy of the front side of the guaranteeing credit card and photo identification.)	
Address:	
City: State/Country/Province:	
Phone: email:	
Name for Order:	
Arrival Date: Departure Date: Confirmation#:	
Credit Card: ☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ DISCOVER CARD Credit Card#:	

NOTE: Please be sure to submit the form with a clear copy of the corresponding credit card and photo ID. Guest checking in will need to provide their own credit/debit card along with their government issued photo ID for all or part of their stay to be allowed to check in.

Please choose from one of the following options to submit the completed form:

1. Fax the form to the number 1-866-325-5961

Expiration Date: ____

TOTAL TO BE CHARGED FOR

THANKSGIVING DINNER SPECIAL:

 $2. \ Upload \ the \ file \ to: \underline{docviewerapi.shieldq.com/FileUpload/Perform?profileToken=67434699079c40a58d10b7852f8a730a}$



Card Holder's Signature: