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| **FAX番号　0550-87-7576** |

東京ディズニーリゾートコーポレートプログラム利用券申込書

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| 会員番号 |  | |  | |  | | |  | |  | | － | | |  | |  |  | |
| 会員氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 送付先 |  | | | | | 〒 | | |  | | | | － | | |  | | |  | | | | | | | | |
| 1.事業所 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 2.自　宅 | | | | |
| 連絡先☎( | | | | | | | | | | | | | | | |  | | | | ) |  | | － |  | | |
| 利用予定日／ | |  | | 月 | | |  | | | | 日頃 | | | 申込枚数／計 | | | | | |  | | 枚 | 申込回数/ | | |  | 回目 |

申　込　者　名　簿

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| 会　員　番　号 | | | | | | | | | 続　柄 | 氏　　　名 | 年齢 | ※ |
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**※3歳以下は無料。**

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| 受付 | 送付 | 返却 | 利用済 |
|  |  |  |  |

**※対象は会員と登録している家族のみ。**

**※申請は、一会員につき年2回までとなります。**

**※申込後、利用されなかった場合はすみやかに返却してください。**