



Disney Trip Planning Overview

Date You Leave Home: ____/____/____

Date You Come Back Home: ____/____/____

Total Days Gone: _____

Total Days for Disney Touring: _____

Parks/Attractions Most Important to You

Possible Hotel Options with Rates and Needs (smoking, non-smoking, pets, etc.)

~ Budget Planning ~

~ TRIP SAVINGS PLAN ~

Gas/Airline Tickets _____

Total you currently have _____

Accommodations _____

Total lacking _____

Park Entrance Tickets _____

Months until travel _____

"Extras"/Other _____

Total to save each month _____

Dining _____

*(You may be able to set up a direct deposit with your employer to have a certain amount directly deposited from your paycheck into a savings account for your trip.)

Parking _____

Souvenirs/Fun Money _____

TOTAL: _____