

# Cuba Travel Registration

PLEASE TYPE OR PRINT LEGIBLY

Valid Passports Must Have Six (6) Months Remaining After Return Date to US

Group/Leader(s): \_\_\_\_\_ Travel Dates \_\_\_\_\_

Name (As It Appears In Your Passport): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact (Name, Address, Tel No, Email Address):

\_\_\_\_\_

\_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_ Passport Nationality: \_\_\_\_\_

Country Issued: \_\_\_\_\_ Mother's Maiden (last) Name \_\_\_\_\_

Are you interested in travel insurance? (Yes/No): \_\_\_\_\_

Special Accommodations Request (Meals (Vegetarian/Lactose Free), other): \_\_\_\_\_

\_\_\_\_\_

**Please Forward Registration Form to Yvonne Butler: [ybutlergroup@gmail.com](mailto:ybutlergroup@gmail.com)**

## **CUBA PROGRAM PRODUCER/DIRECTOR**

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**CUBA TRAVEL SERVICE PROVIDER #CU-053290: Scand-America International, Inc.**

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