

CUBA EXECUTIVE TRAVEL INC.

Visa and Travel Application

Full Name (as it appears on passport) _____

Passport Number _____

Home Address _____

Birthdate _____ Place of Birth _____ Gender _____

Citizenship _____ Mother's Maiden Name _____

E- Mail _____

Phone number _____ Cell _____

Emergency Contact Name _____

Emergency Phone Number _____

Accommodations – Single or Double Room - Roommate's Name _____

Level of Accommodations desired, 3-5 Star- _____

Previous trips to Cuba? _____ Level of Spanish _____

Occupation/Business _____

***I understand that this program is authorized under regulations published by the U.S Department of Treasury/OFAC and certify I will comply with all OFAC regulations. I understand that travel insurance is strongly recommended and that deposits are non-refundable 60 days prior to departure.**

Signature _____ Date _____

Print Name _____

Required to book travel to Cuba :

Copy of Current passport with six months validity remaining

Completed, signed Visa and Travel Application (Cuban born, contact Cuban Embassy)

Completed and signed Cuba Travel Agreement

A \$500 deposit check made out to Cuba Executive Travel Inc. and mailed to:

6368 Cocoa Lane

Apollo Beach Fl. 33572

Cuba Executive Travel Inc.

813-244-1639

cubaexecutivetravel@gmail.com

CUBA EXECUTIVE TRAVEL INC.

Cuba Travel Agreement

I, _____ (print full name) am a participant in a program for educational and cultural exchange in Cuba with Tampa Bay-Cuba People to People Outreach, d/b/a Cuba Executive Travel Inc.(License Holder) and agree:

I acknowledge and understand that travel to foreign countries, including Cuba, may involve delays, change in itineraries, and limited access to some services. I acknowledge and understand that when in Cuba I am subject to the laws of their country and that the License Holder cannot be held accountable for the actions of the Cuban government or their representatives. I acknowledge that travel in Cuba and use of transportation, housing, and other goods and services or activities in connection with travel carries some risk of personal injury and property damage and loss.

I release and discharge the License Holder, its officers, directors and representatives from liability, injury, damage or loss arising out of the arrangements or provisions for transportation, housing, food or any other goods and services related to the tour of Cuba. I agree not to make a claim against the License Holder or any co-sponsoring organization, directors, officers, and representatives, for liability, damage, or loss incurred during or in connection with the tour of Cuba.

I understand that deposits are non-refundable as of 60 days prior to departure. The full payment for the trip is non-refundable as of 45 days prior to departure unless the License Holder itself cancels the trip. I agree to the License Holder's right to cancel the trip or cancel my participation in the trip under reasonable circumstances and at any time, as long as my money is refunded to me. I understand that the License Holder recommends travel insurance but does not recommend or is affiliated with any particular insurer.

I acknowledge that the only items that may be purchased and returned legally to the United States are items that are educational and cultural in nature, such as, art, literature, videos, and music. Tobacco and alcohol purchases are limited to \$100 and all merchandise cannot exceed \$400. I agree to conduct myself in a courteous and respectful manner and abide by all U.S. Department of Treasury/OFAC rules regarding legal travel to Cuba.

Signature _____ Date _____

Print Name _____