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Tour Registration Form

People-to-People Program sponsored by Cuba Tour Planner and operated by Cuba Travel Services

Booking Date: _____ Tour Date: _____

TOUR: Coast & Countryside Colonial Cuba & the Capital Colors of Cuba
 Iconic Havana The Heartland and the Sea

BOOKING TYPE: *Request not guaranteed

ROOM 1: DOUBLE SINGLE *Bed Request: Queen/King 2 Twin Beds
ROOM 2: DOUBLE SINGLE *Bed Request: Queen/King 2 Twin Beds

TRAVELER 1: IMPORTANT - Enter ALL Information Exactly as it Appears in the Passport

First & Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YY): _____ Country of Birth: _____ Passport Country: _____

Passport #: _____ Passport Expiration (MM/DD/YY): _____

Street Address: _____

City, State ZIP: _____

Email Address: _____ Phone #: _____

Traveler Born in Cuba: YES NO

Individuals Born in Cuba require different documentation. Please contact us for assistance.

If traveler is not a US Citizen, please send us a copy of your US Resident Card or US Multi-Entry Visa

Medical Conditions we should be aware of, including disabilities, allergies, including food and medications?

Emergency Contact: _____ Phone #: _____

TRAVELER 2: IMPORTANT - Enter ALL Information Exactly as it Appears in the Passport

First & Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YY): _____ Country of Birth: _____ Passport Country: _____

Passport #: _____ Passport Expiration (MM/DD/YY): _____

Street Address: _____

City, State ZIP: _____

Email Address: _____ Phone #: _____

Traveler Born in Cuba: YES NO

Individuals Born in Cuba require different documentation. Please contact us for assistance.

If traveler is not a US Citizen, please send us a copy of your US Resident Card or US Multi-Entry Visa

Medical Conditions we should be aware of, including disabilities, allergies, including food and medications?

Emergency Contact: _____ Phone #: _____

TRAVELER 3: IMPORTANT - Enter ALL Information Exactly as it Appears in the Passport

First & Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YY): _____ Country of Birth: _____ Passport Country: _____

Passport #: _____ Passport Expiration (MM/DD/YY): _____

Street Address: _____

City, State ZIP: _____

Email Address: _____ Phone #: _____

Traveler Born in Cuba: YES NO

Individuals Born in Cuba require different documentation. Please contact us for assistance.

If traveler is not a US Citizen, please send us a copy of your US Resident Card or US Multi-Entry Visa

Medical Conditions we should be aware of, including disabilities, allergies, including food and medications?

Emergency Contact: _____ Phone #: _____

TRAVELER 4: IMPORTANT - Enter ALL Information Exactly as it Appears in the Passport

First & Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YY): _____ Country of Birth: _____ Passport Country: _____

Passport #: _____ Passport Expiration (MM/DD/YY): _____

Street Address: _____

City, State ZIP: _____

Email Address: _____ Phone #: _____

Traveler Born in Cuba: YES NO

Individuals Born in Cuba require different documentation. Please contact us for assistance.

If traveler is not a US Citizen, please send us a copy of your US Resident Card or US Multi-Entry Visa

Medical Conditions we should be aware of, including disabilities, allergies, including food and medications?

Emergency Contact: _____ Phone #: _____

Travel Agency (if applicable): _____

Agent Name: _____

Payment Terms: \$300 per person, non-refundable deposit is required at the time of booking

Final Payment is due 65 days prior to departure

We accept all major credit cards, company checks and money orders

Special Occasions During Trip: _____

Other Notes: _____

Terms and Conditions are available at www.cubatourplanner.com. By purchasing this package, you agree to our terms and conditions.

Please fill out the Travel Affidavit/Visa Application and return to us along with a copy of your passport (1 form per person)

Forms can be found on our website at www.cubatourplanner.com

COMPLETED FORMS SHOULD BE SENT TO: info@cubatourplanner.com