

CUBA APPLICATION

Travel Agency _____ **Date of trip interested in** _____

Please submit names exactly as they appear on passports: Please return with copy of passport photo page.

Passport Name: _____

Passport Number: _____ Date of Issuance: _____ Expiration Date: _____

M/F Date of Birth _____

Roommate's Passport Name: _____

Passport Number: _____ Date of Issuance: _____ Expiration Date: _____

M/F Date of Birth _____

Your Address _____

City _____ State _____ ZIP _____

Email Address: _____

CONTACT PHONE # _____

EMERGENCY CONTACT: (Name/Phone #) _____

NOTES: _____

A deposit in the amount of \$500 per person is required to secure reservations.

RESERVATIONS ARE ON A FIRST COME, FIRST SERVED BASIS. PLEASE SIGN UP EARLY TO SECURE YOUR SEAT.

Final payment due 90 days prior to departure.

I (We) wish to purchase Cuba Cancellation Waiver at this time—Please quote price: Yes _____ No _____

Enclosed please find payment in the amount of:

_____ x \$ _____ (price is based on age call for prices.) to secure the Cuba Cancellation Waiver.

_____ x \$500 per person deposit or \$ _____ (if more than \$500 each)

Total Amount enclosed: _____

MAKE CHECKS PAYABLE TO: Creative Travel, Inc. FOR PAYMENT BY CREDIT CARD: VISA ___ MC ___ DISCOVER ___

CREDIT CARD # _____ EXP. DATE _____

CVV CODE _____ BILLING ADDRESS if not same as above _____

AMOUNT \$ _____ SIGNATURE _____ TODAY'S DATE _____

MAKE CHECKS PAYABLE TO: CREATIVE TRAVEL, INC P.O. Box 30798, Wilmington, DE 19805 **302-658-2900** FAX: 302-709-2329