

# Ubiquity International

## Cuba Registration

Complete this form and send it with your payment to:

Ubiquity International  
PO Box 1591  
Newtown, PA 18940-0916

You may first send an email (info@ubiquityinternational.com) or fax (1.866.9874.8687) of this form followed by a hard copy with your payment.

Use this form for all persons traveling on the same dates. If you are registering other travelers for other dates, please use another form. All travelers must be 16 years of age or older. Please sign below. If you are traveling with a companion for whom you cannot make binding agreements, that person should also sign the form. Use additional forms as necessary.

Indicate your three preferred dates (mark with 1 for first, 2 for second, 3 for third):

- \_\_\_ Feb 11-20\*  
\_\_\_ Feb 25-Mar 5\*  
\_\_\_ Apr 28-May 7\*  
\_\_\_ May 26-Jun 4\*  
\_\_\_ Jun 9-18\*

### **Traveler 1 Information**

Name as it appears on your passport: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Passport Expiration Date: \_\_\_\_\_ T-shirt size (adult size): S M L XL XXL Height: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

- double occupancy     single occupancy (be sure to note additional charge)  
 charter flight (required)     Travel Insurance (may be purchased separately)

I acknowledge that I have read (and, if appropriate, made known to minors and spouse/partners) the trip details, payment, cancelation and refund policies and other relevant materials, including my responsibilities for obtaining Travel Insurance. I confirm that the above information is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment method: \_\_\_\_\_ (provide check number)

### **Traveler 2 Information**

Name as it appears on your passport: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Passport Expiration Date: \_\_\_\_\_ T-shirt size (adult size): S M L XL XXL Height: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

- double occupancy     single occupancy (be sure to note additional charge)  
 charter flight (required)     Travel Insurance (may be purchased separately)

I acknowledge that I have read (and, if appropriate, made known to minors and spouse/partners) the trip details, payment, cancelation and refund policies and other relevant materials, including my responsibilities for obtaining Travel Insurance. I confirm that the above information is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment method: \_\_\_\_\_ (provide check number)