



People to People Travel License Application

PO Box 546135 Miami, FL 33154 • Tel: 305-884-0441 • Fax: 305-260-4214

Traveler Information			
Traveler Name (<i>As it appears in Passport</i>):			
Address (<i>Street</i>):			
City:	State:	Zip:	Country:
Email:	Cell:	Work #:	Home #:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Who referred you?		
Occupation:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	DOB:	
Travel Information			
Proposed Travel Dates: From: <i>mm/dd/yyyy</i> : To: <i>mm/dd/yyyy</i> :	Passport No.: Passport Expiration Date:	Type License Last Used (<i>Religious, People to People, etc.</i>):	
Group Leader Name:			
Last Visit to Cuba (<i>mm/yyyy</i>):			
Emergency Contact Information			
Contact Name (<i>Last, First</i>):		Relationship:	
Address (<i>Street</i>):			
City:	State:	Zip:	Country:
Email:		Cell:	
Additional Questions:			
Do you have any special needs? Explain _____			
Check those you need assistance with:			
Itinerary	Translator	Lodging	Flight arrangement
Cellphone Service		Transportation	Guide
~~ For Office Use Only ~~			
Name of TSP:		Name of Tour Guide:	
Name of Tour Leader:			

Traveler's Agreement

The main purpose of my travel to Cuba will be to engage in authorized educational exchange activities. I understand that under this license I am agreeing to adhere to a full-time schedule of educational exchange activities that will result in meaningful interaction between me and individuals in Cuba.

If I am accepted, I agree that the predominant portion of my activities traveling under this licensed program will not be with individuals or entities acting for or on behalf of a prohibited official of the Government of Cuba, as defined in 31 C.F.R. & 515.337, or a prohibited member of the Cuban Communist Party, as defined in 31 C.F.R. & 515.338. I also agree to keep a copy of my travel documents and records for 5 years, and to cooperate with the trip representatives.

Release of Liability

In consideration for being accepted and allowed to participate in this project and activities associated with its programs and locations, I personally assume responsibility for my actions, and release the trip facilitator and any associated groups or organizations, their board members, and employees from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse the license provider and any associated organizations, their board members, and employees from the responsibility to act with reasonable care for the safety of myself or my property.

Disclaimer & Affidavit

I _____, have read and acknowledge the above Release of Liability, Disclaimer and Agreement, and fully understand the risks involved with international travel including Cuba, and further understand that the organization cannot anticipate or control actions of any government. Therefore I do not hold this organization or any of its affiliates responsible for any cost incurred as a result for those reasons.

Participant Signature: _____ Date: _____

Witness _____