

Name of tour(s) & date(s): _____

Cuba Educational Program Registration

Name (official) _____ Nick name _____

Nationality _____ Occupation _____

Passport # _____ Issued at _____ Exp. date _____

Birthday _____ Place of Birth _____

Age _____ Gender _____ Ht _____ Wt _____

Address _____

City _____ St/Prov _____ Code _____

Phone: Day (____) _____ Evening (____) _____ best time _____

E-mail _____

In Case Of Emergency Notify _____ Phone(____) _____

Address _____

Rooming Preference: Rooms are generally, but not always, double occupancy -- we encounter a variety of lodging conditions that aren't able to accommodate all desires. If you are not registering with a roommate, if you wish, we will try to match people with roommates, but a roommate **cannot** be guaranteed. **If you; want a "twin shared room" that is not available, don't have a roommate, or don't want a roommate there may be a single supplement charge.** This represents the actual difference in the cost to the program. Similarly there may be situations where single occupancy **cannot** be guaranteed. To facilitate planning, please let us know your rooming preference.

___ Double Occupancy – Double Bed (Name of roommate: _____)

___ Double Occupancy- Two Twin Beds (Name of roommate: _____)

___ Double Occupancy – Twin shared (try to find me a roommate)

___ Single Occupancy (I'll pay the single supplement)

My bicycling experience:

My international experience:

My current level of physical activity:

Special interests:

Dietary restrictions, special medications or other personal needs:

I first heard about this program through _____