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| **Cuba Travel Registration Form** |  |
| Valid Passports Must Have Six (6) Months Remaining Before They Expire. | |
| Name As It Appears In Your Passport. |  |
| Name: |  |
| Gender: |  |
| Date of Birth: |  |
| Address: |  |
| Contact Information (email/phone): |  |
| Passport Number: |  |
| Passport Expiration Date: |  |
| Passport Nationality: |  |
| Country Issued: |  |
| Are you interested in travel insurance? (Yes/No): |  |
| Thank You! |  |
| Please Forward Form to Kristian at: | [Kristian@Scandamerica.com](mailto:Kristian@Scandamerica.com) |
| **Scand-America International, Inc.** |  |
| 2340 State Route 580, Clearwater, Florida 33763 I [www.Tampa2cuba.com](http://www.Tampa2cuba.com/) | |
| Phone: 727-796-2822 I Email: [Ivar@Scandamerica.com](mailto:Ivar@Scandamerica.com) | |