



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

Scand-America International, Inc.

2340 State Route 580, Clearwater, Florida 33763 | www.Tampa2cuba.com

Phone: 727-796-2822 | Email: Ivar@Scandamerica.com