



LEAGUE OF WOMEN VOTERS®
OF FLORIDA

**Sisters Across the Straits: A
Delegation Visit to Cuba**

Application to Travel

Requested Trip Date:_____ **Local League:**_____

Please clearly print information as it appears on your passport:

Last Name:_____ Middle Name:_____ First Name:_____

Address:_____

City, State, ZIP:_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ E-mail:_____

Occupation:_____ Employer:_____

I am a citizen of:_____ Date of Birth:_____/_____/_____

Passport Number:_____ Expiration Date:_____/_____/_____

Mother's Maiden Name:_____

Emergency Contacts (list two):

Name and Phone Number:_____

List any special dietary needs, medical conditions, allergies, routine medications, or disabilities that may affect your participation in this trip:_____

Please submit a copy of your passport. A \$250 non-refundable registration fee is due along with application to secure space. Make checks payable to LWVFEF or make a \$250 donation to the Education Fund at TheFloridaVoter.org.

As a condition to travel, I agree to participate in ***Sisters Across the Straits: A Delegation Visit to Cuba***, sponsored by the League of Women Voters of Florida Education Fund.

Signature

Date

RETURN FORM WITH PAYMENT TO:
LWVFEF
540 Beverly Court
Tallahassee, FL 32301
Fax: (850) 222-4485
Email: LWVEvents@gmail.com