

VISA APPLICATION FORM

Surname/Last Name / Family Name: _____

Given Name / First Name / Forenames: _____

Date of Birth: _____ Age: _____
(Day / Month / Year)

Country of Birth: _____

Nationality: _____

Passport Number: _____ Expiration Date: _____

Home Street Address: _____

Home City: _____ HOME STATE: _____

Home Zip Code: _____

Home Country: _____

Home Telephone Number: _____

Address in Cuba (or Hotel Name and province): _____

Province or City Staying in Cuba: _____



TRAVEL AFFIDAVIT- Educational

I understand that travel transactions related to Cuba must be directly incident to one of the self-authorizing general license purposeful travel categories or travel authorized under the auspice of a specific license granted on a case-by-case basis. Under current US travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following categories & that by signing my name at the bottom of this Affidavit, I declare that I fall under the category I have checked below.

EDUCATIONAL ACTIVITIES – CFR 515.565

General license for educational activities

[] 515.565(a). I am a faculty member, staff person, or student of an academic institution (the "University"), and my travel is incident to (1) participation in a structured educational program in Cuba as part of a course offered for credit by the undergraduate or graduate degree granting academic institution that is sponsoring the program, (2) non-commercial academic research in Cuba specifically related to Cuba and for the purpose of obtaining a graduate degree, (3) participation in a formal course of study at a Cuban academic institution, which will be accepted for credit toward a graduate or undergraduate degree, (4) teaching at a Cuban academic institution by a person, who is regularly employed in a teaching capacity at the University, (5) organization of, and preparation for, educational activities authorized in the Regulations, (6) educational exchanges sponsored by Cuban or U.S secondary schools involving secondary school students participation in formal course of study or in a structured educational program offered by a secondary school or other academic institution and led by a teacher or other secondary school official, (7) Sponsorship or co-sponsorship of noncommercial academic seminars, conferences, and workshops related to Cuba or global issues involving Cuba and attendance at such events by faculty, staff and students of a participating U.S. academic institution.

General license for people-to-people travel.

[x] 515.565(b). I am traveling to Cuba directly incident to educational exchange not involving academic study pursuant to a degree program and my travel (1) takes place under the auspices of an organization that is a person subject to the U.S. jurisdiction and that sponsors such exchanges to Cuba to promote people-to-people contact; (2) the travel is for the purpose of engaging while in Cuba in a full time schedule of activities intended to enhance contact with the Cuban people, support for civil society, or promote the Cuba people's independence from the Cuban authorities; (3) Each traveler will have a full time schedule of educational activities that will result in meaningful interaction between the traveler and individuals in Cuba (4) an employee, paid consultant or agent of the sponsoring organization is accompanying the group travel to ensure that each traveler has a full time schedule of educational exchange activities, and (5) the predominant portion of the activities to be engaged in will not be with individuals or entities acting for or on behalf a prohibited member of the Cuban communist Party, as defined by 31 CFR 515.338

Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

I certify that the above information is true and correct.

SIGNATURE: _____

DATE: _____



Cuba Travel Services, Inc. (CTS Charters)
RESERVATION FORM AND OPERATOR-PARTICIPANT CONTRACT
 California Office 800-963-2822 Miami Office 305-476-9400

Departure Flight:	Departure Date:	Category: R/T [] O/W [] R [] RP []	Return Flight:	Return Date:
Destination:	Agency #: 536	Agency Name: LOWV	Agency Telephone #:	
Name Shown on U.S. Passport Last Name:		First Name:	Mother's Maiden Name:	DOB:
Name Shown on Cuban Passport (if applicable) Last Name:		Mother's Maiden Name:	First Name:	Second Name:
Email Address:		Gender: Male [] Female []	Country of Birth:	Visa #:

TRAVEL DOC	ENTRY TO:	UNITED STATES OF AMERICA		CUBA	
		[] Passport Country _____ [] Residence [] Other		[] Passport Country _____ [] Other	
	DOC TYPE	DOC NUMBER	DOC EXPIRATION DATE	DOC NUMBER	DOC EXPIRATION DATE

OFAC CATEGORY:	<input checked="" type="checkbox"/> Educational – People to People (515.565b)
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USA Address:	City:	State:	Zip:
CUBA Address:	City:	Province:	Cuba Phone:
In case of an Emergency, please contact Name:	Telephone:		

PUBLIC CHARTER OPERATOR-PARTICIPANT CONTRACT

THIS AGREEMENT SETS FORTH THE TERMS AND CONDITIONS UNDER WHICH WE, Cuba Travel Services, Inc. in return for payment of the amount indicated as the total charter price, agree to provide you this charter flight.

RESPONSIBILITY: We, as the principal, are responsible to you for arranging the charter flight, provided however, that in the absence of negligence on our part, we are not responsible for personal injury or property damage caused by the air carrier or other suppliers of any of the services offered in connection with the charter.

RESERVATIONS AND PAYMENT: Attached to this Agreement is your Reservation Form. We will confirm the reservation within 7 days after receiving the Reservation Form. If the charter flight is fully booked, we will advise you of alternate travel dates. The ticket will be issued only after the reservation is confirmed, and you must pay the full charter price when the ticket is issued. All checks, money orders, and credit card drafts must be made payable to your travel agent, who in turn must remit payment to Cuba Travel Services, Inc.

CHARTER PRICE: The charter price of \$ _____ represents your cost for a charter flight that departs from _____ on _____ and returns from _____ to _____ on _____. Excess baggage charges are NOT included in the charter price and will be collected separately at the airport. All payment at the airport should be in cash.

AIRCRAFT: This flight will be performed by _____, operating a _____ aircraft with _____ passenger seats. This air carrier reserves the right to substitute equivalent aircraft, if necessary.

INSURANCE: health and accident insurance is available. If you are interested in receiving more information about this coverage, please advise your travel agent.

BAGGAGE: The air carrier allows each passenger to check up to 44 lbs of baggage. Charges for excess baggage over 44 lbs. will be collected at the airport. For INTERNATIONAL flights, the air carrier's liability for lost or damaged bags is limited to the actual value of the baggage, but not more than amounts set forth in the Montreal Convention. Specifically, the air carrier's liability is limited to 1,331 Special Drawing Rights regardless of the number of checked bags. If, however, you declare a higher value for your baggage and pay an additional charge in advance, the air carrier's liability will be higher. You must submit your claim for lost or damaged baggage to the air carrier or to us within 3 days of the charter flight. Your claim must include a copy of the Baggage Check.

SECURITY AGREEMENT: Your payment is protected by two security agreements that we have obtained from (i) Wells Fargo, 111 W Ocean Blvd., #530, Long Beach, CA 90802 and (ii) First Niagara Bank, 200 West Lancaster Avenue, Frazer, PA 19355. Unless you file a claim with us, or, if we are not available, with the Securers within 60 days after the completion of the charter, the Securers will be released from all liability to you under the security agreements.

CANCELLATION AND REFUND: If you cancel your reservation, or if you fail to travel on the charter flight, your right to receive a refund is limited, as set forth below. You must send all requests for refunds to us in writing by facsimile or by overnight mail.

If your notice is received:	8 or more days before departure:	7 to 4 days before departure:	Within 3 days before departure:	At any time, if we resell your seat:
You will receive:	A full refund less a \$75 admin fee	\$ 50% of the amount paid	\$ No Refund	A full refund less a \$75 admin fee

All request for refunds must be mailed or faxed to Cuba Travel Services, Inc. Refunds will be made within 14 days of receipt of your notice of cancellation.

We have no right to cancel the charter less than 10 days before departure except for circumstances that make it physically impossible to perform the charter trip. If that occurs, we will notify you as soon as possible but no later than the scheduled departure date. If the charter is cancelled, we will make a full refund to you within 14 days after cancellation. The rights and remedies made available under this contract are in addition to any other rights or remedies under applicable law. However, we offer refunds under this contract with the express understanding that a passenger's receipt of a refund waives any additional remedies.

INTERNATIONAL FLIGHTS: The operation of the charter flight is subject to the Cuban government granting landing rights. If the air carrier cannot obtain landing rights, the flight will be cancelled, and a full refund will be made to you automatically.

I have read and agree to the terms and conditions of the Public Charter Operator-Participant Contract. I have signed up for the flight specified above and on the Reservation Form.

Signature of Applicant: _____ Date: _____ Passenger's Telephone Number: _____

PLEASE FILL OUT ONE FORM PER PASSENGER. YOU MUST DELIVER THE ORIGINAL BEFORE DEPARTURE.