

"RESERVATION FORM"

PLEASE USE ONE SHEET PER PASSENGER.

Outbound FLT:	Date:	Ticket No:	Destination:
Return FLT:	Date:		
Agency / Organization:	Cuba Educational Travel	Contact Information:	Collin Lavery

US Passport or US Alien Registration Information:

Last Name: Giobbi	First Name: Paul		
Document No: 549933949	Expiration Date: 07/17/2027	Document Type: Passport	
US Address: 318 W	City: San Clemente	State: California	Zip: 92672
Avenida Gaviota			

Other Country Passport Information:

Last Name: Giobbi	First Name: Paul	
Document No: 549933949	Expiration Date: 07/17/2027	Country: US
Cuba Address:		
Municipality:	Province:	

Date of Birth: 01/27/1970	Country of Residence: US
Citizenship:	Gender: male
By signing this Form, I hereby certify that I am authorized to travel under the general license section CFR 515. 565-People to People	
Or under specific license number	