

"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: Shea		First Name: Brian	
Document No: 557480025	Expiration Date: 01/03/2027	Document Type: Passport	
US Address: 1201 Pine	City: Oakland	State: California	Zip: 94607
Street, unit			
121			

Other Country Passport Information:			
Last Name: Shea	First Name: Brian		
Document No: 557480025	Expiration Date: 01/03/2027	Country: US	
Cuba Address:			
Municipality:	Province:		

Date of Birth: 09/16/1962	Country of Residence: US
Citizenship:	Gender:
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	