

CARLSON MARITIME TRAVEL  
623 E. Tarpon Ave. \* Tarpon Springs, Fla. 34689  
Ph: 727.945.1930 \* Fax: 727.945.1919  
Email: [info@scarlsontravel.com](mailto:info@scarlsontravel.com) web: [www.scarlsontravel.com](http://www.scarlsontravel.com)  
Dept of Commerce License: D1118969  
OFAC COMPLIANT

GROUP NAME:

Cuba Revisited



Carlson Maritime Travel

CUBA TRAVEL RESERVATION FORM

Carlson Maritime Travel

(▶)Full Name (as on passport): \_\_\_\_\_  
First M.I. Last

(▶)Home Address: \_\_\_\_\_  
Street City State zip

(▶)Birth Date: \_\_\_\_\_ Birth Place \_\_\_\_\_

(▶)Passport Number: \_\_\_\_\_ Exp.Date \_\_\_\_\_ (6mos.exp)  
(must be valid for **six months** after entry to Cuba)

(▶)Citizenship: \_\_\_\_\_

(▶)Telephone: \_\_\_\_\_ (▶)daytime ( )cell \_\_\_\_\_

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Fax: \_\_\_\_\_ (▶)Email \_\_\_\_\_

(▶)Gender: F M   ▶ **You will be traveling under one of the 12 categories of general license: CFR 515.565**

**PAYMENTS:** Payments to Carlson Maritime Travel can be sent via personal checks, certified check, cashier's check, bank transfer, or via credit card (add 3.5% for all credit card transactions as our tour reflects a cash discount)

Credit card payments can only be made via our Credit Card Authorization Form (enclosed). Add 3.5%

**U.S. AUTHORIZATION TO TRAVEL:** Carlson Maritime Travel can only make arrangements on behalf of individuals authorized to travel by rules of the Office of Foreign Assets Control - U.S. Department of the Treasury. This Office authorizes certain persons to travel by issuance of "specific license" as well as "general license" under one of the 12 approved categories without further need to obtain permission by OFAC.

**VISA INFORMATION:** All travelers must have a valid passport with at least six months' expiration and a Cuban visa. You are responsible for having proper documentation on your person to enter Cuba as well as to re-enter the United States. For travel with Carlson Maritime Travel we will assist in obtaining your Cuban visa if you were born in the U.S.

If you are holding a passport from a foreign country, green card, visa, multiple entry visa, or special use passports, you are solely responsible for understanding the limitations imposed for re-entry to the United States. CMT cannot be held responsible for any participant who is refused service by the carrier for entry into Cuba because of a restricted passport or visa. In the event a participant is refused entry to Cuba because of visa or passport issues or denial of visa by the Cuban government, applicable cancellation penalties apply.

**\*Very Important: persons born in Cuba, no matter what your current citizenship, will require additional documentation. Please contact the Cuban Embassy or visa processor.**

## CANCELLATION AND REFUND POLICY FOR CUBA TRAVEL

Cuba air, tours, and arrangements are subject to the following cancellation charges if you cancel for any reason:

FINAL PAYMENTS FOR CUBA TOURS ARE NON- REFUNDABLE UNLESS YOUR SPACE CAN BE RE-SOLD AT THE REQUIRED TIME LIMIT SET FORTH BY THE SUPPLIERS AND OPERATORS.  
A PORTION OF YOUR DEPOSIT WILL BE RETAINED DEPENDING ON THE TRIP AND AMOUNT ESTABLISHED FOR CANCELLATIONS AFTER MAKING INITIAL DEPOSIT.

**Above charges do not include cancellation charges imposed by the airlines for any connecting flights to/from your point of departure to Cuba. Travel Insurance is strongly recommended. Please ask us for a quote.**

## RESPONSIBILITIES

Carlson Maritime Travel, and its employees, shareholders, officers, directors, successors, agents, and assigns, neither own nor operate any person or entity which is to, or does, provide goods or services for these trips or tours. Because Carlson Maritime Travel does not maintain any control over the personnel, equipment, or operations of these suppliers, CMT assumes no responsibility for and cannot be held liable for any personal injury, death, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be occasioned by reason of (1) any wrongful, negligent, willful, or unauthorized acts or omissions on the part of any of the tour suppliers, or other employees of agents, (2) any defect in or failure of any vehicle, equipment, instrument owned, operated or otherwise by any of these suppliers, or (3) any wrongful, willful, or negligent act or omissions on any part of any other party not under the supervision or control of the Operator (4) sickness, weather, strikes, hostilities, wars, terrorist acts, acts of nature, local laws or other such causes. All services and accommodations are subject to the laws and regulations of the country in which they are provided. CMT is not responsible for any baggage or personal effects of any individual participating in the trips arranged by CMT. Individual travelers are responsible for purchasing a travel insurance policy, if desired, that will cover some of the expenses associated with the loss of luggage or personal effects. The tickets, vouchers, and other travel documents for the services of these contractors are subject to all terms and conditions of the respective suppliers (some of them may limit or exclude the supplier's liability). Under no circumstances is CMT to be construed as a carrier under contract for safe carriage of the passenger or his or her baggage and belongings.

## LIABILITY RELEASE STATEMENT

I have read the disclaimer stated above and I hereby release and discharge Carlson Maritime Travel, its agents, employees, officers, directors, shareholders and successors from and against any and all liability arising from my participation in this trip. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being my intention to fully assume all risk of travel and to release Carlson Maritime Travel from any and all liabilities to the maximum permitted by law.

By signing below, the participant agrees that he/she understands that a CMT program may involve risk, hazards and foreseen and unforeseen circumstances and that the participant is prepared to accept those risks.

### **I HAVE READ AND UNDERSTAND THE CANCELLATION AND LIABILITY POLICY:**

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(▶)Name: \_\_\_\_\_ (▶)Date of Birth: \_\_\_\_\_

(▶)Phone Number: \_\_\_\_\_ (▶)Address: \_\_\_\_\_

(▶)City \_\_\_\_\_ (▶)State \_\_\_\_\_ (▶) Zip \_\_\_\_\_

▶SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

(▶)Signature: \_\_\_\_\_

(▶)Name: \_\_\_\_\_ (▶) Dates of travel: \_\_\_\_\_

(▶)Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_