

PASSENGER INFORMATION:

You must have a valid passport at the time you fill out this information. Please use names as they appear in your passport. Passport needs to be valid for a minimum of 6 months from your travel dates.

PASSENGER INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
PHONE NUMBER	EMAIL	
MAILING ADDRESS		
CITY	STATE	ZIP
PASSPORT DETAILS		
Please note that a copy of your passport will be requested by Springboard Cuba staff.		
REDRESS # (IF APPLICABLE)	COUNTRY OF BIRTH	
COUNTRY OF PASSPORT	PASSPORT #	DATE OF BIRTH
SEX ON PASSPORT	PASSPORT EXPIRATION	
HEALTH CARE DETAILS		
ALLERGIES	HEALTH CONDITIONS REQUIRING SPECIAL ATTENTION	PLEASE LIST ALL RX MEDICATIONS (RECOMMENDED)
DIETARY RESTRICTIONS		
PRIMARY PHYSICIAN	PHONE #	
EMERGENCY CONTACT		
PRIMARY CONTACT NAME	RELATIONSHIP	PHONE #
	EMAIL	CELL PHONE #
SECONDARY CONTACT NAME	RELATIONSHIP	PHONE #
	EMAIL	CELL PHONE #
USE THIS SPACE IF NEEDED TO RESPOND TO THE QUESTIONS ABOVE.		