



STATEMENT OF PARTICIPATION
IN AN EDUCATIONAL ACTIVITIES PROGRAM

Declaración de Participación
en un programa de actividades educativas.

Cuba Program Affidavit

I understand that to travel legally to Cuba under the current United State government restrictions it is mandatory for American citizens and/or all those under U.S. jurisdiction, to travel with the auspice of a license granted and issued by the Treasury Department.

Yo entiendo que para viajar legalmente a Cuba bajo las restricciones del gobierno de los Estados Unidos, para los ciudadanos americanos y todos aquéllos bajo la jurisdicción americana, es obligatorio hacerlo bajo el auspicio de una licencia específica autorizada y emitida por el Departamento del Tesoro.

I also understand it is mandatory for all participants to attend the Cuban-American Cultural Foundation (CACF) full-time schedule programs. In the event a participant does not follow our full-time program, they may be in direct violation of the U.S. laws.

También entiendo que es obligatorio para todos los participantes en los programas de Cuban-American Cultural Foundation (CACF) atender los itinerarios de tiempo-completo programados. En caso de que un participante no siga dicho programa a tiempo completo, estaría violando las leyes de los Estados Unidos.

Signing of this document constitutes my acceptance of these terms and conditions and I understand and acknowledge that not following CACF's full time program I will be in such direct violation of the laws of the United States of America.

Firmar este documento constituye mi aceptación expresa de estos términos y condiciones; reconociendo que de no atender el programa a tiempo completo de CACF, podría estar en tal violación de las leyes de los EUA.

Signature (Firma)

Date (Fecha)

Print Name (Escriba su nombre como aparece en su pasaporte)

Address (Dirección)

City (Ciudad)

State (Estado)

Zip

Phone (Teléfono)

Email (Correo Electrónico)

Emergency Contact Name (optional)

Phone Number (optional)

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PARTICIPANT'S CHECK-LIST

What we need from you to make your reservation:

- Clear copy of your unexpired photo page passport. (Passport must be valid for at least 6 months from the day of departure).
- Charter Operator Reservation Form. (Completed and signed by the participant)
- Charter Operator Travel Affidavit. (Completed and signed by the participant)
- Non-refundable Five Hundred Dollars (\$500.00) advance payment to book your space. Payments can be made with personal check, cashier check or money order payable to Cuban-American Cultural Foundation or CACF. No credit card payments are accepted.

All forms must be completed with the name shown on your passport, **do not** use nicknames or others. For faster process fax documents over to number (562) 381-7722 or email them to info@cacfoundation.org

The \$500.00 advanced payment will book your space in the trip but balances are due 30 business days before the departure date. Reservations are not confirmed until full payment is received. Reservations are subject to cancellation if payment is not received accordingly.