



Caravan-Serai Inc.
Caravan-Serai Tours
Cuban Visa Questionnaire

Please complete all requested information. If you have any questions at all please call us: 206-545-7300

| | | | |
|-------------------------|---------------|--------------------------|-------------|
| First and last name | | Email | |
| Address | | | |
| City | | State/Province | Postal code |
| Day phone | Evening phone | | Cell phone |
| Gender | | Name of travel companion | |
| Name as on passport | | Passport number | |
| Passport expiry: | YEAR | MONTH | DAY |
| Country of citizenship | | Mother's Maiden Name | |
| Date of birth: | YEAR | MONTH | DAY |
| Emergency contact name | | | |
| Emergency contact phone | | Emergency contact email | |
| Special medical issues | | | |
| Food or other allergies | | | |
| Employer or school | | Occupation or study | |
| Years of work or study | | My first trip to Cuba | |

Please print legibly.