



REGISTRATION - CUBA MISSION

March 7 – March 14, 2016

PLEASE READ – COMPLETE ALL FORMS CAREFULLY, LEGIBLY AND COMPLETELY

INSURANCE IN CUBA – In case you need medical treatment, hospitals and clinics for tourists are conveniently located throughout the country. **Cuban medical insurance is included in the price of the mission** and covers 100% of medical expenses up to \$25,000 and repatriation or transportation due to illness, accident, or death (up to \$7000) - **except as noted below**. Your hotel has first aid station and nurse for immediate attention to minor illnesses or injuries. Your insurance will cover treatment in the hotel and at a clinic if necessary. **PLEASE NOTE: Cuban health insurance does not cover treatment for a pre-existing condition – you are liable for the costs incurred from the treatment of a preexisting condition.** You may seek reimbursement from your USA insurance company; if your USA policy so provides.

CANCELLATION & MEDICAL TRAVEL INSURANCE

PLEASE NOTE: The purchase of cancellation/medical travel insurance is strongly recommended. Most travel insurance policies include both cancellation and medical coverage. SEE www.worldpassageltd.com

To have a preexisting condition covered (available *as a refundable reason to cancel*) you will need to purchase your insurance within 14 days from the date of your deposit check for the trip.

PURCHASING CANCELLATION & MEDICAL TRAVEL INSURANCE

- You may purchase from the insurance company of your choice.
- Additionally you may purchase from Allianz Global by calling 800-284-8300 or going to our Federally Licensed Travel Service Provider's website and clicking the INSURANCE tab at www.worldpassageltd.com
- When purchasing an Allianz Global policy by phone please give to the agent the ACCAM **number: F027117**. This is the identification number of our travel coordinator and will facilitate your application process.
- "THE BASIC" policy offered by Allianz is adequate
- PLEASE DEAL DIRECTLY WITH THE INSURER OF YOUR CHOICE

NOTE: YOUR PASSPORT MUST BE VALID FOR SIX MONTHS AFTER MISSION ENTRY INTO CUBA ON MARCH 7, 2016. PLEASE REGISTER ONLY WHEN YOUR PASSPORT MEETS THIS REQUIREMENT.

REGISTRATION

PRINT CLEARLY & LEGIBLY AND MAIL TO ADDRESS BELOW

ONE SET OF FORMS PER PERSON

SINGLE SIDED

Name (exactly as it appears on your passport)

√ _____

√Date of Birth: _____ √ Citizenship _____

√Country of Birth _____

√Address (no PO's): _____

√City: _____ √State: _____ √Zip: _____

√Cell phone: _____ √Evening phone: _____

√Email: _____

√Country of residence _____

√Passport # _____

√Passport Expiration date _____

√Mother's Maiden Last Name _____

√ Single occupancy _____ |

√Double occupancy: My roommate: _____

√Double Occupancy only: We prefer one bed () two beds ()

PLEASE ENCLOSE 2 LEGIBLE COPIES OF THE PHOTO PAGE OF YOUR PASSPORT

Please return all forms except for the first page which should be kept for your records.

Please indicate any food allergies or other dietary restrictions: _____

**DEPOSIT/REGISTRATION DEADLINE IS SEPTEMBER 11, 2015
BALANCE PAYMENT IS DUE JANUARY 11, 2016**

Please mail all forms, payment & passport copies to:

Harry Silverman
Synagogue Solutions USA
6211 Greenview Terr
Boca Raton, FL 33433

561 – 961 – 9460 harry@synagoguesolutionsusa.org

PRICE PER PERSON FROM MIAMI:

Double occupancy: \$ 3,795

Single occupancy: \$ 4,295

DEPOSIT IS \$ 450 PER PERSON – DUE SEPTEMBER 11, 2015

PAYMENT IS FOR MYSELF AND _____

My /our check in the amount of \$_____ made out to

Synagogue Solutions USA is enclosed.

CASH TZEDAKAH: Each participant is requested to make a per person cash donation of between \$60 and \$100 to be distributed by the group in Cuba.

I/We have included in my/our check # _____ the amount of

\$_____ as my/our cash donation.

Terms and Conditions – Return both pages of the Terms and Conditions

No Liability: World Passage, Ltd (WP), and Synagogue Solutions USA (SSUSA) operate these programs independent of the hotels, airlines and other entities that are used on the programs. Tour services provided in connection with the program including without limitation transportation, lodging, and sightseeing are provided by the carrier, hoteliers, and other suppliers that are independent contractors and not agents for, employees, partners, or joint venture participants of WP, or SSUSA. WP and SSUSA are not responsible for acts or omissions of such independent contractors. I agree that WP and SSUSA **have no liability or responsibility** for injury, delay, irregularity, loss, damage, injury or death to person or property, additional costs, losses or injuries resulting directly or indirectly from acts of nature, detention, weather, government, political forces, terrorism, crime, failure of any means of transportation to comply with schedules, accommodations, food, travel, day-to-day trip activities, quarantines, strikes, trade embargoes, discrepancies, or changes in transit or living accommodations, or accidents of any kind, whether such loss arises out of or are incident to the program or otherwise. WP and SSUSA are not liable for injury, death, damage, loss, accident, delay, irregularity in connection with the service of any automobile, motor coach, airplane, launch or any other conveyance used in carrying out this program or for the acts or defaults of any company or person engaged in conveying the passenger or in carrying out the arrangements of the program.

I release and agree to indemnify, defend and hold harmless, WP and SSUSA and its respective officers, trustees, members, employees, agents, contractors, agents, heirs and assigns, from or regarding any and all claims, demands, rights, and causes of action of whatsoever kind and nature, by the undersigned or any other person, arising from or by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, damage to property, financial damages, penalties, levies, fines assessments, duties, and/or attorney's fees and the consequences thereof, or any loss whatsoever, resulting, arising from or related to the undersigned's anticipated or actual participation and travel to, within and from Cuba.

I understand the WP and SSUSA reserve the right to decline to accept or retain any person as a member of this tour. The right is reserved to substitute hotels specified for others of similar category. The right is reserved to make adjustments in the itinerary. Speakers may be substituted or cancelled based on availability. No refund will be made for any unused portion of the tour unless arrangements are made prior to departure. WP and SSUSA will not be held responsible for any loss or damage to luggage and/or personal property during the tour program.

TRIP CANCELLATION INSURANCE AND INTERRUPTION INSURANCE IS STRONGLY

RECOMMENDED. Please note: the itinerary is subject to change without notice. Cost is based on prices quoted to us as of July 2015. Any increases in those costs will by necessity be passed on to participants at which time you may then choose to cancel participation in the mission and a full refund will be given. This option is available for 2 days from notice. WP and SSUSA are not responsible for any expenses or losses incurred resulting from the buyer's cancellation of this trip. WP and SSUSA are not responsible for any losses that would be covered by the purchase of travel insurance that has been offered, including trip cancellation, evacuation, travel accident, limited sickness, expenses incurred by delays, baggage loss and illness.

MINIMUM GROUP SIZE: Minimum group size is 20 full pay travelers. If this number is not met, the trip may cancel and you will receive a full refund.

Air schedules between USA and Cuba are subject to change. WP and SSUSA are not responsible for costs incurred due to any changes in flight time.

Registration forms and 2 legible copies of your passport with deposit are due by the end of the day SEPTMEBER 11, 2015. Deposit is non-refundable after that date.

The balance is due by close of business JANUARY 11, 2016. Your balance is non-refundable after that date.

I have read, understand, accept and agree with these terms and conditions. I have read about the Cuban Insurance coverage detailed in ABOVE.

➤ **Print Name** _____

➤ **Signature** _____

➤ **Date** _____

TRAVEL AFFIDAVIT

I understand that, under current United States travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following categories and that by signing my name at the bottom of this Affidavit, I am declaring that I fall under the category I have indicated below.

General License

I am a member or staff of or affiliated with a U.S. religious organization and my travel is for participation in a full-time program of religious activities in Cuba.

Name: _____ Date of Birth: _____

Home Phone Number: _____

Mobile Phone Number: _____

Address: _____

City, ST ZIP: _____

I certify that the above information is true and correct.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE-----

OFAC authorized Travel Service Provider (CTP)

Name (print) _____

Signature: _____

"RESERVATION FORM"

ABC Charters, Inc.

COMPLETE BOLDED ITEMS - PLEASE USE ONE SHEET PER PASSENGER

Outbound FLT:	Date:	Ticket No:	Destination:
Return FLT:	Date:		
Category:	Agency:		

US Passport or US Alien Registration Information:

Last Name: _____ -First Name: _____
Document#: _____ Expiration Date: _____ Document: **Passport**
US Address: _____ City: _____ State: _____ Zip: _____

Other Country Passport Information: complete only if applicable

Last Name: _____ First Name: _____
Document No: _____ Expiration Date: _____ Country: _____
Cuba Address: _____
Municipality: _____ Province: _____

Date of Birth: _____ Mother's Maiden Name: _____
Country of Residence: _____ Citizenship: _____ Gender: _____
OFAC Category: _____ License No: _____ OFAC Auth. Code: _____

PUBLIC CHARTER - DO NOT COMPLETE – OPERATOR WILL COMPLETE

OPERATOR PARTICIPANT CONTRACT

THIS AGREEMENT SET FORTH THE TERMS AND CONDITIONS UNDER WHICH WE, ABC CHARTERS INC. 1125 SW 87 AVE, MIAMI, FLORIDA 33174, in return for payment of the amount indicated as the total charter price, agree to provide you this charter flight.

RESPONSIBILITY: We, as the principal, are responsible to you for arranging the charter flight, provided however, that in the absence of negligence on our part, we are not responsible for personal injury or property damage caused by the air carrier or other suppliers of any of the services offered in connection with the charter

RESERVATIONS AND PAYMENT: Attached to this Agreement is your Reservation Form. We will confirm the reservation within 7 days after receiving the Reservation Form. If the charter flight is fully booked, we will advise you of alternate travel dates. The ticket will be issued only after the reservation is confirmed, and you must pay the full charter price when the ticket is issued. All checks, money orders, and credit card draft T must be made payable to your travel agent, who in turn must remit payment to ABC CHARTERS, INC.

CHARTER PRICE: The charter price of _____ represent your cost for a charter flight that depart from _____ to _____, Cuba on _____ and returns from _____, Cuba to _____ on _____. US Airport taxes are included in the charter price.

AIRCRAFT: This flight will be performed by _____, operating a _____ aircraft with _____ passenger seat. This air carrier reserves the right to substitute equivalent aircraft, if necessary.

BAGGAGE: The air carrier allows each passenger to bring on the flight 44 pounds of baggage. Excess baggage fees for total weight of all bags after the 44lb is \$2 per pound. Check baggage fee of \$20 per bag. We guarantee 2 check-in bags per person of a max weight of 70lbs per bag.
For INTERNATIONAL flight, the air carrier's liability for lost or damaged bags is limited to the actual value of the baggage but not more than the amount set forth in the Montreal Convention. Specifically, the air carrier's liability is limited to \$1,131 SDR per passenger regardless of the number of checked bags. If, however, you declare a higher value for baggage and pay an additional charge in advance, the air carrier's liability will be higher. You must submit your claim for lost or damaged baggage to the air carrier or to us within 3 days of the charter flight. Your claim must include a copy of the Baggage Check.

SECURITY AGREEMENT: Your payment is protected by two financial security agreement that we have obtained from (1) Intercontinental Bank of Miami, 5722 SW 8 St. Miami, FL 33144 and (2) Valley National Bank, 1460 Valley Road, Wayne, NJ 07470. Unless you file a claim with us, or, if we are not available, with the Securer within 60 days after the completion of the charter, the Securer will be released from all liability to you under the security agreement.

The right and remedies made available under this contract are in addition to any other right or remedies available under applicable law. However, we offer refunds under this contract with the express understanding that the receipt of the refund by you waives any additional remedies.

INTERNATIONAL FLIGHT: The operation of the charter flight is subject to the Cuban government granting landing right. If the air carrier cannot obtain landing right, the flight will be cancelled, and a full refund will be made to you automatically.

I have read and agree to the terms and conditions of the Operator-Participant Contract. I have signed up for the flight specified above and on the Reservation Form.

✓ **Signature of Applicant:** _____
✓ **Date:** _____ **Tel#:** _____