

FRIENDSHIP ASSOCIATION DELEGATION APPLICATION

Your Name - exactly as it appears on your passport:

Nickname - name by which you wish to be addressed:

Place of birth: _____

Date of birth: _____

Email: _____

Mailing address: _____

Landline: _____

Cellphone: _____

Citizenship and Passport number: _____

Passport expiration: _____

Date of delegation (departure and return):

Preferred accommodations (if available) Single/Double/Either:

Emergency contact: _____

Special needs: _____

Have you travelled to Cuba before? Yes/No. _____

Date of most recent visit to Cuba: _____

Proficiency in Spanish? None/Poor/Good/Advanced: _____

Bio that includes your work, play, and interest in Cuba: _____

Application date: _____

Print this page so that you can sign and date it. Once completed, scan the signed form and email it together with a high-resolution color copy of your passport (information and photo pages), and the completed [release from liability form](#) to: aimisoledad@gmail.com

Don't forget to send in your \$500 non-refundable deposit to:

**The Friendship Association
7265 A1A South, Apt D1
Saint Augustine, FL 32080**