



**A CULTURAL EXPLORATION LIKE NO OTHER!**

[www.CubaRhythmandViews.org](http://www.CubaRhythmandViews.org)

## **Online Application Submission Process**

### **Step 1**

Follow this link to make your reservation and pay the deposit, if you have not yet done so <https://cubarhythmandviews.com/reserve-now/>. Note: you may also mail a check to: Cuba Rhythm and Views, 13476 N Piemonte Way Oro Valley, AZ. 85755 if you prefer.

### **Step 2**

Please send a photo of both the info and picture page of your passport via email.

## **Mailing Application Submission Process**

### **Step 1**

**Download this PDF to your desktop.** If you are an Apple user, please be sure the PDF is opened via Adobe Reader, and not via Apple's built-in utility. Otherwise, you will not be able to save the info you enter.

*Note: you will **NOT** be able to fill out the document on a tablet.*

### **Step 2**

Find this PDF on your desktop, open it, and fill out the forms. Save the document.

### **Step 3**

Make your deposit online at <http://cubarhythmandviews.org/reserve-now>; or mail your check to address in step 4 below to avoid a 3% processing fee.

### **Step 4**

Submit a hard copy of this contract via mail. Please sign pages where indicated. Include a legible color copy of the information/photo page of your passport.

Mail to: Cuba Rhythm and Views  
13476 N Piemonte Way  
Oro Valley, AZ. 85755

*Note: For pages 8 and 9, do not be concerned about including address in Cuba or flight information. Cuba Rhythm and Views will add this information.*

**Full Name (as on passport):**

**Street Address:**

**City:**

**State:**

**Zip:**

**Birth Date:**

**Birth Place:**

**Passport Number:**

**Expiration Date:**

**Citizenship**

USA

OTHER

**Gender: F**

**M**

**If not a U.S. citizen, # of Alien Registration Card or Visa:**

**Email:**

**Cell Phone:**

**Home Phone:**

**Fax:**

**Mother's Maiden Name:**

**Emergency Contact Number:**

**Requirement for those traveling under a SPECIFIC LICENSE to Cuba – Please Initial Acceptance**

Under the U.S. Government travel restrictions to Cuba, I understand I will be traveling under a license issued by the U.S. Treasury Department and that my arrangements are conditional on the authorization of my participation under this license. I also understand that Cuba Rhythm and Views can only make my arrangements in accordance with the terms of this license. For a complete description of what this license authorizes, and the restrictions that apply, see 31 CFR 515.574.

Please include a photo of the info and picture page from your passport and attach if submitting via email. Include a hard copy if you are submitting the application via U.S. Mail.

**PLEASE INDICATE FOR WHICH TRIP YOU ARE APPLYING**

<b><u>Dates (check one below)</u></b>		<b>Occupancy</b>		<b><u>Final Payment Due Date</u></b>
		<b><u>Double</u></b>	<b><u>Single</u></b>	
November 9-14, 2022	<b>Experience the Heart and Soul of Cuban Creative and Jewish Life</b> <i>with Rabbis Mark Borovitz and Laura Owens</i>	\$4,150	\$4,650	Aug. 9, 2022
February 15-20, 2023	<b>The Ultimate Insight into Havana's Enduring Arts</b> <i>with Michael Butterman and Aldo López-Gavilán</i>	\$4,150	\$4,650	Nov. 15, 2022
May 24-29, 2023	<b>A Curated Exploration into the Heart of Cuban Creative Life</b> <i>with Aldo López-Gavilán</i>	\$4,150	\$4,650	Feb. 24, 2023

**Do you speak Spanish?**

**Have you traveled to Cuba before? If yes, when and for how long?**

**Occupation and position**

**Do you have any dietary restrictions?**

**CANCELLATION AND REFUND POLICY**

**Please carefully review attached terms and conditions beginning on page 5.**

**DEPOSIT AND PAYMENT SCHEDULE**

Please indicate:

- I wish to have single accommodations (additional \$500)
- I plan to share accommodations with
- I'd like to know about possible roommates

**NOTE: If paying with a charge card, a 3% service charge will be added to the cost.  
We invite you to mail your check and avoid this service charge.**

TOTAL TRIP COST (see schedule above)

DEPOSIT due with application:

\$1,000
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FINAL PAYMENT due 90 days prior to departure date (Total minus deposit)\*\*

**You will receive an invoice for your final payment to the email address listed on this application.**

Enclosed is my deposit (make checks payable to Cuba Rhythm and Views) OR  
Charge my deposit to my  Visa  Mastercard  American Express  Discover

**Cuba Rhythm and Views is hereby authorized to add a 3% surcharge in the event the deposit is paid via charge card. Please note: your charge receipt will indicate payment to CR & V LLC dba Cuba Rhythm and Views, an Arizona Limited Liability Corporation.**

**CARD #**

**EXPIRATION DATE:**

**SECURITY CODE:**

**AUTHORIZED CARDHOLDER SIGNATURE:**

**DATE:**

**VISA INFORMATION\*:**

All travelers must have a valid passport, Cuban visa (to be provided by CRV) and evidence of that you are fully vaccinated in order to enter Cuba. You are responsible for having proper documentation on your person to enter Cuba as well as to re-enter the United States and proper documentation to travel via a third country (if necessary) to Cuba. The Cuban Government retains the right to grant or deny visas.

\*Very Important: Persons born in Cuba, no matter what your current citizenship, will require additional documentation. Please contact our office for further information.

**BAGGAGE:**

Each passenger may have one carry-on. Checked baggage is currently \$30 for the first piece up to 50 pounds. There are additional charges for extra baggage.

**RESPONSIBILITIES:**

Cuba Rhythm and Views (CRV) and its employees, shareholders, officers, directors, successors, agents, and assigns, neither own nor operate any person or entity which is to, or does, provide goods or services for these trips or tours. Because CRV does not maintain any control over the personnel, equipment, or operations of these suppliers, CRV assumes no responsibility for and cannot be held liable for any personal injury, death, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be occasioned by reason of (1) any wrongful, negligent, willful, or unauthorized acts or omissions on the part of any of the tour suppliers, or other employees of agents, (2) any defect in or failure of any vehicle, equipment, instrument owned, operated or otherwise by any of these suppliers, or (3) any wrongful, willful, or negligent act or omissions on any part of any other party not under the supervision or control of the Operator (4) sickness, weather, strikes, hostilities, wars, terrorist acts, acts of nature, local laws or other such causes. All services and accommodations are subject to the laws and regulations of the country in which they are provided. CRV is not responsible for any baggage or personal effects of any individual participating in the trips arranged by CRV. Individual travelers are responsible for purchasing a travel insurance policy, if desired, that will cover some of the expenses associated with the loss of luggage or personal effects.

**LIABILITY RELEASE STATEMENT:**

I, \_\_\_\_\_, have read the disclaimer stated above and I hereby release and discharge Cuba Rhythm and Views, its agents, employees, officers, directors, shareholders and successors from and against any and all liability arising from my participation in this trip. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being my intention to fully assume all risk of travel and to release Cuba Rhythm and Views from any and all liabilities to the maximum permitted by law.

**Please review attached terms and conditions before signing your agreement. Terms and conditions begin on this page of this application packet.**

*If you are submitting via email, please type your name below. This will be your electronic signature. If you are mailing, please sign a hard copy.*

**SIGNATURE:**

**NAME:**

**DATES OF TRAVEL:**

**ADDRESS (STREET):**

**CITY:**

**STATE:**

**ZIP:**

## **TERMS AND CONDITIONS OF TRAVEL:**

These Terms and Conditions apply to all *Cuba Rhythm and Views (CRV)* programs. The participant understands and accepts that the program fee must be paid, and a Passenger Profile must be completed and signed at least 90-days prior to departure.

The Participant Profile includes:

- Profile Checklist
- Agreement and Release
- Travel Affidavit form
- Visa Application Form
- Legible color copy of your U.S. Passport info and photo page

### **1. Payment Policy**

1.1 The participant has agreed to pay the applicable program fee in U.S. Dollars.

1.2 A deposit of U.S. \$1,000.00 payable by charge or check and is due at the time of enrollment.

1.2.1 The remainder of the program fee and the completed Passenger Profile are due 90 days prior to the participant's program start date. If the program fee is not paid in full 90-days prior to start date and has not been granted an extended due date, or the Passenger Profile is not completed, the participant will be cancelled from that program.

1.2.2 If a Participant enrolls between 31 and 89 days prior to the scheduled start date, the participant has ten days from the date that they have enrolled to pay the remainder of the program fee and to complete their Passenger Profile. If the program fee is not paid in full or the Passenger Profile is not completed ten days succeeding the date of enrollment, the participant will be cancelled from that program.

1.2.3 When enrolling within 30 days of the program start date, the program fee must be paid in full immediately and the Passenger Profile must be promptly completed.

### **2. Cancellation and Refund**

2.1 CRV reserves the right, at its sole discretion, to reject any individual at any time prior to start date or to cancel the program start date in which a participant is scheduled to participate.

2.2 In the unlikely event of such a cancellation or if a participant has been rejected, the total amount paid to CRV will be refunded, unless the cancellation is either due to non-payment by the agreed-upon due date or failure to submit the Passenger Profile 90 days prior to the participant's program start date. Other than such refund, CRV will not be responsible to the participant for any other refund, costs, interest, liability, or damages of any kind.

2.3 If a participant cancels for any reason, the participant must notify CRV in writing. The cancellation will be effective upon CRV receipt of the written notification at its office, or via email.

2.4 CRV incurs substantial administrative and planning costs prior to the departure of a participant. Therefore, regrettably, if a participant cancels his or her participation in the program, funds paid by the participant to CRV can be refunded only as set forth below in Section 2.5.

2.5 If the cancellation is effective

- Up to 91 days prior to the scheduled start date, all deposits and program fees paid are fully refundable.
- 90 to 61 days prior to the scheduled start date, participant will be charged \$600 and the balance shall be refunded. The \$600 includes non-refundable deposits paid by CRV for air travel, hotel and visa.
- 60 to 31 days prior to the scheduled start date, participant will be charged 60% of the total trip cost.
- Within 30 days prior to the scheduled start date, no portion of the program fee is refundable.

2.6 COVID-19 Policy. The Customer traveler may cancel the booking up to 30 days prior to departure in the event of a valid COVID-19 related reason at home or in the travel destination. Traveler will receive a full refund less payments for airline costs, travel visas, and other immigration costs already paid by CRV on the traveler's behalf.

2.7 It is very important that a participant understands the cancellation policy. If it is not clear, the participant should ask for clarification. CRV cannot make exceptions to this cancellation policy for any reason, including medical emergencies. CRV strongly urges the participant to purchase trip cancellation insurance.

2.8 Additional Comprehensive Travel Protection Plan. Emergency Medical protection which includes COVID-19 related expenses if Traveler tests positive during the trip or at departure from destination is included in the price of the airline ticket; however, CRV recommends the you purchase an additional travel protection plan which includes trip cancellation and interruption coverage, as well as trip delay, lost baggage and COVID-19 coverage such as the protection plan offered by Travelex. CRV can assist with the process.

2.9 No refunds will be given for unused portions of the program or because of a participant's failure or inability to participate in the CRV program.

2.10 A participant is responsible for transportation to the start location. The participant is also solely responsible for any airfare or other travel fees, charges, expenses, or penalties that might result from any cancellation of or change in the participant's program, whether the participant cancels the program or it is cancelled or altered by CRV.

### **3. Changes to Program Start Date or Program Type**

3.1 CRV will allow participants to change their program start date or type of program, dependent on program availability. In addition, participants are able to use their deposit on file or funds on file, as per the cancellation and refund policy in Section 3, to register in a new program and/or program start date.

3.2 If a participant chooses to change his/her program start date or program type (or cancel their program and re-register using funds on file or a deposit on file) between 60 and 31 days before the original start date, a non-refundable U.S. \$50 Change Fee will be assessed.

3.3 If a participant chooses to switch his/her program start date or program type (or cancel his/her program and re-register using funds on file or a deposit on file) between 30 and one day(s) before the original start date, a non-refundable U.S. \$200 Change Fee will be assessed.

3.4 The Change Fee (or cancellation and re-registration using funds on file or deposit on file) is non-refundable and non-transferable to any other programs. A Change Fee will be assessed each time the participant changes the program start date or program type and each time the participant cancels his/her program and re-registers using funds on file or a deposit on file. The Change Fee is assessed at the time of re-registration or at the time the change is made, and is charged to the participant before the remainder of the program fee balance is paid.

3.5 The Change Fee applies to certain groups who cancel at any time after the deposits for the program have been paid, regardless of length of time before the programs. The non-refundable Change Fee for groups who change their program type or program start date (or cancel and re-register using funds on file or a deposit on file) at any time greater than 30 days before the start date is U.S. \$50 per person and is U.S. \$200 per person for these same changes made between 30 and 1 day(s) before the original program start date

\_\_\_\_\_

**SIGNATURE:**

**I have agreed to submit this application by electronic means. By signing this application electronically, I certify that my answers are correct and complete to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.**



**Travel Affidavit Form**  
**TRAVEL AFFIDAVIT- GENERAL/SPECIFIC LICENSES**

I declare that I qualify for the below indicated category. I understand that travel transactions related to Cuba must be directly incident to one of the self-authorizing general license purposeful travel categories or travel authorized under the auspice of a specific license granted on a case-by-case basis. Under current US 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 declare that I qualify for one of the enumerated categories.

**I have checked the applicable authorized category of travel below.**

**SUPPORT FOR THE CUBAN PEOPLE 515.574**

For additional information on the individual OFAC categories of travel to Cuba in more detail please visit the OFAC website or the questions and answers page directly at:

[https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba\\_faqs\\_new.pdf](https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba_faqs_new.pdf)

Your below signature constitutes an affirmation that you qualify for one the above aforementioned OFAC travel category and you will comply with the travel regulations as they relate to travel to Cuba.

*I certify that the above information is true and correct.*

**SIGNATURE:**

*Parent Signature  
(if Traveler is a Minor)*

**DATE:**

**FULL NAME:**

*(as shown on passport)*

**COUNTRY OF  
BIRTH:**

**FIRST NAME:**

*(as shown on passport)*

**PASSPORT  
COUNTRY OF ISSUE:**

**MIDDLE NAME:**

*(as shown on passport)*

**PASSPORT  
NUMBER:**

**LAST NAME:**

*(as shown on passport)*

**PASSPORT  
EXPIRATION DATE:**  
*(MM/DD/YY)*

**DATE OF BIRTH:**

*(MM/DD/YY)*

**GENDER:**

Male

Female

**STREET ADDRESS:**

**CONTACT  
PHONE:**

**CITY, STATE, ZIP:**

**CONTACT  
EMAIL:**

**TRAVEL DATES:**

**FLIGHT  
ROUTE:**



## VISA APPLICATION FORM

Surname/Last Name / Family Name: \_\_\_\_\_

Given Name / First Name / Forenames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Day / Month / Year)

Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home City: \_\_\_\_\_

Home Zip Code: \_\_\_\_\_

Home Country: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Address in Cuba (or Hotel Name and province): \_\_\_\_\_

Province or City Staying in Cuba: \_\_\_\_\_