Cuba Nights Submission Form

Today's Date: _____

Cuba Night Team Leader Name**:** _____

Address: _____

City_____ State _____ Zip Code_____

Telephone: (___) _____ Email: _____

Church/ Group Name: _____

Target Date(s) for Event _____ Potential #of people expected: _____

1. Please provide us with an idea of the demographics, and brief description of the audience (i.e. missions committee, members of church, rotary club, average age group, etc...).

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2. Please tell us some of your expectations for your Cuba Night event (i.e. Cuban themed food, presentation from ECHOcuba, Cuban music, etc…).

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Please mail completed and executed form to:
Evangelical Christian Humanitarian Outreach to Cuba
P.O. Box 546135, Surfside, FL 33154
Or you may send completed form via fax to (305) 260-4214 or email at travel@echocuba.org