



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...).

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

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