

# Reservation Form

## Tanzania Vision Trip

Check One	Trip Dates
	January 22 – February 6, 2018
	July 23 – August 7, 2018

Name #1 (as it appears on your passport):	Name #2 (as it appears on your passport):
Passport #:	Passport #
Delta Frequent Flyer # (if you have one)	Delta Frequent Flyer # (if you have one)
Nickname:	Nickname:
Date of Birth: <div style="text-align: right;">Male/Female</div>	Date of Birth: <div style="text-align: right;">Male/Female</div>

Address : \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

TZ Partner Parish (if any): \_\_\_\_\_

Housing - Rooms are typically two persons to a room. If you are a single traveler but have a preferred roommate, note that below. Single rooms can often be arranged at extra cost.

I am interested in a single room. Please let me know the estimated additional costs for a single room.

Special Needs or Requests:

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**Please return this completed form and \$300 non-refundable deposit to:**

Stephanie Lusinski – Tanzania Jan. 2018  
Nebraska Synod, ELCA  
6757 Newport Ave., Suite 200  
Omaha, NE 68152

*(make checks payable to the "Nebraska Synod, ELCA" and write "Tanzania Jan 2018" in subject line)*