

Reservation Form

Tanzania Vision Trip – October 8 – October 18, 2018

Name #1 (as it appears on your passport):	Name #2 (as it appears on your passport):
Passport #:	Passport #
Nickname:	Nickname:
Date of Birth:	Date of Birth:
Male/Female	Male/Female
Roommate Preference	Roommate Preference

Address : _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Preferred E-mail: _____

Home Congregation : _____

Housing - Rooms are typically two persons to a room. If you are a single traveler but have a preferred roommate, note that above. 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:

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

Stephanie Lusienski – Argentina 2018
Nebraska Synod, ELCA
6757 Newport Ave., Suite 200
Omaha, NE 68152

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