

Reservation Form

Tanzania Vision Trip

Check One	Trip Dates
	Feb. 3-18, 2020
	July 13-28, 2020 (tentative)

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:

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

Stephanie Lusienski – Tanzania 2020
Nebraska Synod, ELCA
6757 Newport Ave., Suite 200
Omaha, NE 68152

(make checks payable to the "Nebraska Synod, ELCA" and write "Tanzania Feb 2020" or "Tanzania July 2020" in subject line)