



Contact Information Form

See the Change – Tanzania

July 7 – 13, 2024

Participant Information			
Full Legal Name			
Preferred Name			
Address			
City, State, Zip			
Email			
Phone			
WhatsApp			
Travel Information			
Passport Number		Date of Birth	
Passport Issuing Country			
	I have submitted my arrival and departure flight itinerary to the Landesa team.		
	I have obtained travel health insurance covering my duration in Tanzania, and have submitted proof of insurance to the Landesa team.		
	I have severe dietary restrictions or may need other accommodations. Please reach out to me to discuss this in further detail.		
Emergency Contact			
Contact Name			
Relationship			
Phone		Location	
Email			

Thank you for your support and participation!

If you have any questions, please contact us at 206-257-6181 or krissyc@landesa.org.