

Join us for this once-in-a-lifetime experience

Shrines of Italy



11-Day Pilgrimage



For Office Use Only

Date	Payment	Check #

Dates: March 03 -13, 2025

Cost: \$4,899 per person

Departure: Round-trip air from New York (JFK)

Tour Operator: Nativity Pilgrimage

Phone: 832-406-7050

Email: info@nativitypilgrimage.com

Website: www.nativitypilgrimage.com

I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. **PASSPORTS MUST BE VALID AFTER 6 MONTHS OF DEPARTURE.**

I have read and agreed to all the terms and conditions as set forth in this brochure. **PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION. NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY.**

Last name		First name		Middle	
Address				City, State, Zipcode	
Phone # (including area code)			Email		
Passport Number		Place of issue		Date of issue	
Expiration date		Date of birth		Gender: M F	
Emergency Contact (name & phone number)					
Special room accommodations					
<input type="checkbox"/> I want to room with (first & last name)					
<input type="checkbox"/> I need a roommate					
<input type="checkbox"/> I want a single room (at an additional \$900)					

Please enclose a \$300 per person non-refundable non-transferable deposit by check or credit card (see Terms & Conditions) with application and copy of passport to: **Nativity Pilgrimage | 15710 JFK Blvd. Suite 225, Houston, TX 77032**

Payment Options

Check Master Card Visa American Express Discover
Credit Card # _____ Zip code _____ Exp. Date _____ CVV Code _____

(Please make checks payable to Nativity Pilgrimage) (There is a 3% charge for all credit card payments)

Select one option: Charge my **DEPOSIT** now and the balance due 100 days before departure. Charge my **TOTAL** trip cost now (excludes any insurance)

Check enclosed for **DEPOSIT ONLY** Check enclosed for **TOTAL** trip cost (excluding any insurance) Charge **DEPOSIT ONLY** to my credit card

I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold an American passport. I understand passports must be valid for 6 months after the scheduled return date and I have read and agreed on all the terms and conditions as set forth in the brochure.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

Nativity Pilgrimage Plan

International Travel Medical Plan with Optional Trip Protection Benefits



Benefits of Coverage

Benefits Purchased on Your Behalf by Nativity Pilgrimage	Maximum Benefit Amount
Medical & AD&D Coverage	
Medical Evacuation and Repatriation of Remains	\$250,000
Emergency Medical Evacuation	Included
Medical Repatriation	Included
Repatriation of Remains	Included
Additional Medical Evacuation	
Transportation of Children/Child	Included
Bedside Visit Transportation to Join You	Included
Emergency Accident and Sickness Medical Expense	\$50,000
Dental Expenses	\$750
Trip Coverage	
Trip Interruption	\$500 (Return Air Only)
Trip Delay (6 Hours)	\$150/day; \$750 maximum
Missed Connection (3 Hours)	\$500
Political or Security Evacuation & Natural Disaster Evacuation	\$150,000
Personal Items Coverage	
Baggage and Personal Effects	\$1,500
Baggage Delay (24 Hours)	\$400
Option 1: Add Cancellation & Interruption Coverages	
Trip Cancellation	100% of Trip Cost (Max. \$20,000)
Trip Interruption	150% of Trip Cost (Max. \$20,000)
Frequent Traveler Reward	\$250
Option 2: Add Cancellation for Any Reason	
Cancel For Any Reason	75% of Trip Cost (Max. \$20,000)