St. Agnes Church —	For Office Use Only		
150th Anniversary Pilgrimage	Date	Payment	Check #
to Our Lady of Guadalupe Shrine		,	
with Fr. Michael J. Barrett, Pastor of St. Agnes Church			
with a special Mass at the Basilica of Our Lady of Guadalupe celebrated by The Most Rev. Archbishop Jose H. Gomez  P. 4 at 1, 2022			
Dates: July 7 - 11, 2023 Registration Form			
Cost: \$995 per person (Land Only)			
\$1,995 per person (with air from 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 neces PASSPORTS MUST BE VALID AFTER 6 MONTHS OF DEPARTURE.	ssary for this trip if I	don't hold an Americ	can Passport.
I have read and agreed to all the terms and conditions as set forth in this bro	chure.		
PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS I NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY.			
Last name First name	Middle		
Address City, State, Zipcodo	e		
Phone # (including area code)			
·			
Passport Number Place of issue	Date of	issue	
Expiration date Date of birth		Gender: M	F
Emergency Contact (name & phone number)			
Emergency Contact (name & phone namoer)			
Special room accommodations			
I want to room with (first & last name)			
I need a roommate			
I want a single room (at an additional \$300)			
Please enclose a \$300 per person non-refundable non-transferable deposit by check or cre copy of passport to: Nativity Pilgrimage   15710 JFK Blvd. Su			pplication and
Payment Options			
	ican Express		
Credit Card #         Zip code         Exp.	Date	CVV Code	
(Please make checks payable to Nativity Pilgrimage) (There is a 3% char	ge for all credit card p	payments)	
Select one option: Charge my DEPOSIT now and the balance due 100 days before departure.	Charge my TOTAL tr	ip cost now (excludes ar	ny insurance)
Check enclosed for <b>DEPOSIT ONLY</b> Check enclosed for <b>TOTAL</b> trip cost (excluding any in	insurance) Charge	DEPOSIT ONLY to m	y credit card
I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do no valid for 6 months after the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read and agreed on all the terms and contains the scheduled return date and I have read			assports must be
PRINT NAME: SIGNATURE:		DATE:	



BENEFITS OF COVERAGE



MAXIMUM BENEFIT AMOUNT

## SAFE TRAVELS FIRST CLASS

Travel Protection Plan

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	. 1 ( . l. 119		\$2,000					
noos M	e Liabilit	у	\$5,000					
iness M	edical Ex	cal Expense \$150,000						
dical epatriati	on		\$1,000,000					
			\$10,000					
Carrier			\$25,000					
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& Travel	Assista	nce Servi	ces I	Included				
age Cov	/erage		\$50,000					
Reason			75% of non-refundable trip cost					
0 - 34	35 - 55	56 - 64	65 - 70	71 - 80	81+			
\$28.43	\$28.27	\$28.58	\$28.91	\$33.26	\$46.70			
\$41.46	\$43.63	\$50.37	\$56.75	\$69.92	\$103.49			
\$53.77	\$57.90	\$70.00	\$81.25	\$101.96	\$152.69			
\$66.45	\$72.58	\$90.13	\$106.32	\$134.69	\$202.83			
\$77.84	\$85.66	\$107.79	\$128.07	\$162.93	\$245.81			
\$91.11	\$100.81	\$127.95	\$152.58	\$194.62	\$293.72			
\$101.97	\$113.56	\$145.86	\$175.33	\$224.47	\$339.75			
\$114.38	\$127.97	\$165.72	\$200.16	\$256.90	\$389.43			
\$130.99	\$147.49	\$193.25	\$235.20	\$302.98	\$460.72			
\$141.16	\$159.20	\$209.13	\$254.80	\$328.46	\$499.49			
\$153.33	\$173.44	\$228.98	\$279.87	\$361.19	\$549.59			
	Carrier edical Coer & Travel age Cov Reason 0 - 34 \$28.43 \$41.46 \$53.77 \$66.45 \$77.84 \$91.11 \$101.97 \$114.38 \$130.99 \$141.16	Carrier dical Conditioner & Travel Assista age Coverage Reason    0 - 34	Carrier Edical Condition er East Assistance Servi age Coverage Reason    0 - 34	Carrier  dical Condition er  Travel Assistance Services  age Coverage  Reason  75% of 1  \$28.43 \$28.27 \$28.58 \$28.91  \$41.46 \$43.63 \$50.37 \$56.75  \$53.77 \$57.90 \$70.00 \$81.25  \$66.45 \$72.58 \$90.13 \$106.32  \$77.84 \$85.66 \$107.79 \$128.07  \$91.11 \$100.81 \$127.95 \$152.58  \$101.97 \$113.56 \$145.86 \$175.33  \$114.38 \$127.97 \$165.72 \$200.16  \$130.99 \$147.49 \$193.25 \$235.20  \$141.16 \$159.20 \$209.13 \$254.80	### \$10,000    Carrier   \$25,000			



### **OPTIONAL CANCEL FOR ANY REASON**

The Optional Cancel for Any Reason (CFAR) provides reimbursement for 75% of the prepaid, non-refundable, forfeited payments you paid for your trip if you cancel your trip for any reason not otherwise covered by this plan. Must be purchased with initial plan and within 14 days of the date your initial payment or deposit for your trip is received and you cancel your trip no later that 2 days prior to the scheduled departure date of your trip. This Optional Cancel for Any Reason Benefit does not cover the failure of the Retail Travel Supplier to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.

### **15 DAY FREE LOOK**

If you are not satisfied within 15 days of purchasing this plan, you can get 100% refund of your plan cost provided you haven't had a loss, claim or traveled yet.

# NON-INSURANCE AND TRAVEL ASSISTANCE SERVICES

24-hour travel assistance services are provided by On Call International.

## **Trawick International**

https://nativity.trawickinternational.com PO Box 2284 • Fairhope, Alabama 36533 (833) 667-4462



#### \*CLICK HERE TO VIEW PLAN DOCUMENT\*

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