10-Day Pilgrimage			1	For Office Use Only			
Shrines of Ital	y &	Nativit	y	Date	Payment	Check #	
Medjugorje		Registration Fe	orm				
Dates: August 19 - 28, 2024							
Cost: \$4,750 per person							
Departure: Round-trip air from Ho	uston, TX	ini (#CVD					
Tour Operator: Nativity Pilgrimage							
Phone: 832-406-7050							
Email: info@nativitypilgrimage.com	ı						
Website: www.nativitypilgrimage.co	m		ě				
I understand it is my responsibility PASSPORTS MUST BE VALID A)			ary for	this trip if I don't ho	old an American Pass	port.	
I have read and agreed to all the ter PLEASE PRINT & ATTACH COP NAMES ON THIS FORM AND PA	Y OF YOUR PASS	SPORT WITH THIS RI		RATION.			
Last name	First name			Middle			
	<u> </u>			<u>'</u>			
Address		City, State, Z	Zipcode	e 			
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							
I want to room with (first &	k last name)						
I need a roommate I want a single room (at an	additional \$200)						
Please enclose a \$300 per person non-re			lr on ono	dit and (saa Tarms	Pr Conditions) with a	nnlication and	
	ort to: Nativity Pil	lgrimage 15710 JFK B	Blvd. Su			ppiication and	
		Payment Option		_	,		
Credit Card #	Master Card	U Visa Zip code		ican Express			
(Please make chec	ks payable to Nativit	ty Pilgrimage) (There is a 3	3% char	ge for all credit card p	payments)		
Select one option: Charge my DEPOSIT	now and the balance	due 100 days before depart	ture. 🗌	Charge my TOTAL tr	rip cost now (excludes an	ny insurance)	
Check enclosed for DEPOSIT ONLY	Check enclosed for	r TOTAL trip cost (excludi	ing any i	nsurance) Charge	e DEPOSIT ONLY to m	y credit card	
I understand it is my responsibility to obtain as valid for 6 months after the scheduled return d						assports must be	

SIGNATURE:

DATE:

PRINT NAME:





Safe Travels First Class

International Travel Protection Plan



Plan Highlights

- Comprehensive coverage for trip cancellation, trip interruption, emergency medical and post-departure travel coverage
- Pre-Existing medical condition waiver available
- US residents traveling within the United States and abroad
- Up to \$150,000 in Secondary emergency medical coverage
- Cancel for Any Reason available in most states
- Property Damage coverage available for accommodations
- Rates for AK, MO, and PA are listed on page 3 and all other state rates are listed on page 4

Property Damage

Provides reimbursement for direct physical damage to covered real or personal property within the unit occupied by the insured during the trip.

Cancel for Any Reason

Provides reimbursement for the percentage 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 policy. Must be purchased with initial policy and within 14 days of the trip deposit date, and the full, non-refundable trip cost is insured. *Not available in NY and WA.

Pre-existing Medical Condition Exclusion Waiver

Exclusion is waived if coverage is purchased within 14 days of the initial trip deposit date, and the full, non-refundable trip cost is insured, and you are medically able to travel on the policy effective date.

10-Day Free Look

If you are not satisfied within 10 days of purchasing this plan, Trawick International will refund your premium cost if you have not departed on your trip or filed a claim.

Non-Insurance and Travel Assistance Services

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

Underwritten by:

Benefits listed describe all of the travel insurance benefits, underwritter by Nationwide Mutual insurance Company. There are certain restrictions, exclusions and limitations that apply to all services and coverages. Plan benefits, limits, and provisions may vary by state. To review full plan details online, visit www.trawickinternational.com. You will receive a Certificate of insurance which describes the benefits and limitations in detail including available 24-hour emergency assistance services and for your state of residence.

Plan Admin:

Trawick International (888) 301 - 9289 PO Box 2284 Fairhope, AL 36533 info@trawickinternational.com www.trawickinternational.com