

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

Marian Shrines



11-Day Pilgrimage



For Office Use Only

| Date | Payment | Check # |
|------|---------|---------|
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Dates: Sept. 09 - 19, 2025

Cost: \$4,399 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) |