Shrines of Italy

Dates: September 25 - October 04, 2024



10-Day Pilgrimage

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-1100-011		





	For Office Use Only				
Nativity Pilgrimage	Date	Payment	Check #		
Registration Form					
Trip Code = 3531					

Cost: \$4,349 per person from Newark,	NJ	uc cvateri			
\$4,649 per person from Orlando,	, FL				
Tour Coordinator: Deacon Tim & Ang	gie Kennedy				
Phone: 732-423-7013 / 732-407-3069	23 3	44.5			
Email: dcntim@faithandfuntours.com	or LEX				
angie@faithandfuntours.com					
Website: www.nativitypilgrimage.com	Trip	Code = 3531			
I understand it is my responsibility to o			this trip if I don't ho	ld an American Passp	ort.
I have read and agreed to all the terms PLEASE PRINT & ATTACH COPY C NAMES ON THIS FORM AND PASS	OF YOUR PASSPORT W	ITH THIS REGISTI	RATION.		
Last name Fir	rst name		Middle		
Address		City, State, Zipcode			
zeuress		City, State, Zipcode	-		
Phone # (including area code)	Eı	mail			
	I				
Passport Number	Place of issue		Date of	issue	
			<u> </u>		
Expiration date	Date of birth			Gender: M	F
Emergency Contact (name & phone nur	mber)				
Special room accommodations					
I want to room with (first & la	st name)				
I need a roommate	1 1.0000				
I want a single room (at an add					
Please enclose a \$300 per person non-refuncopy of passport	dable non-transferable de to: Nativity Pilgrimage				pplication and
	Paymer	nt Options			
Check Mas	ster Card Vi	sa Amer	ican Express	Discover	
Credit Card #	Zip cod	-	Date		
(Please make checks p	payable to Nativity Pilgrima	nge) (There is a 5% char	ge for all credit card p	payments)	
elect one option: Charge my DEPOSIT now	and the balance due 100 da	ys before departure.	Charge my TOTAL tri	ip cost now (excludes an	y insurance)
Check enclosed for DEPOSIT ONLY	check enclosed for TOTAL t	rip cost (excluding any i	nsurance)	DEPOSIT ONLY to my	rcredit card
<u> </u>	a confirmation email within		-		
I understand it is my responsibility to obtain any vivalid for 6 months after the scheduled return date a					ssports must be

PRINT NAME: SIGNATURE:_ DATE:_





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