## The Holy Land

Dates: September 24 - October 2, 2024

Website: www.nativitypilgrimage.com



PRINT NAME:

### 9-Day Pilgrimage

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# For Office Use Only

DATE:

Nativity Pilgrimage	
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Payment | Check #

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Cost: \$5,199 per person	
<b>Departure:</b> Round-trip air from San Juan, PR	回路
Tour Operator: Nativity Pilgrimage	
Phone: 832-406-7050	
Email: info@nativitypilgrimage.com	

<b>INGIIVII</b> Pilgrimage	,	
<del>^</del>   		
SCAN ME		

I understand it is my responsibility to PASSPORTS MUST BE VALID AFT				this trip if I	don't hold	d an America	n Passpor	t.
I have read and agreed to all the term PLEASE PRINT & ATTACH COPY NAMES ON THIS FORM AND PAS	OF YOUR PA	SSPORT WITH	THIS REGIST	RATION.				
Last name F	irst name			Middle	e			
·				•				
Address		City,	State, Zipcod	le				
Phone # (including area code)		Email						
Passport Number	ssport Number Place of issue Date of			Date of i	issue			
Expiration date	Date of	birth				Gender:	M	F
Emergency Contact (name & phone nu	ımber)							
Special room accommodations  I want to room with (first &	last nama)							
I need a roommate	iast manne)							
	dd:t: amal \$700	2)						
I want a single room (at an ac								
Please enclose a \$300 per person non-refu copy of passpon		insterable deposit <b>Pilgrimage</b>   1571					with appl	lication and
		Payment O	ptions					
Check Ma	aster Card	Visa	Ame	rican Expr	ess	Discover		
Credit Card #		-	Exp			CVV Code		
(Please make checks	payable to Nativ	vity Pilgrimage) (T	here is a 3% char	rge for all cre	edit card pa	yments)		
Select one option: Charge my DEPOSIT no	w and the balanc	ce due 100 days befo	re departure.	] Charge my [	TOTAL trip	cost now (exc	ludes any i	nsurance)
☐ Check enclosed for <b>DEPOSIT ONLY</b> ☐	Check enclosed	for TOTAL trip cos	t (excluding any	insurance) [	Charge <b>I</b>	DEPOSIT ONI	Y to my cr	edit card
*If you haven't receive				-				
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.

SIGNATURE:





## 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