The Holy Land		For Office Use Only			
9-Day Tour	lativity Igrimage	Date	Payment	Check #	
Dates: March 13 - 21, 2025	<b>^+</b> -				
Cost: \$5,782 per person	<b></b>				
Departure: Round-trip from Cleveland, OH					
Tour Operator: Nativity Pilgrimage					
Phone: 832-406-7050					
Email: info@nativitypilgrimage.com					
Website: <u>www.nativitypilgrimage.com</u> ++	SCAN ME				
I understand it is my responsibility to obtain any visas/re-en PASSPORTS MUST BE VALID AFTER 6 MONTHS OF D		r this trip if I don't h	old an American Passj	port.	
I have read and agreed to all the terms and conditions as set PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT NAMES ON THIS FORM AND PASSPORT MUST MATC	<b>F WITH THIS REGIS</b>	TRATION.			
Last name First name		Middle			
		1			
Address	City, State, Zipcoo	de			
Phone # (including area code)	Email				
Passport Number Place of issue	Place of issue		Date of issue		
Expiration date Date of birth	Date of birth		Gender: M F		
			•		
Emergency Contact (name & phone number)					
Special room accommodations					
I want to room with (first & last name)					
I need a roommate					
I want a single room (at an additional \$700)					
Please enclose a \$300 per person non-refundable non-transferabl copy of passport to: <b>Nativity Pilgrima</b>				pplication and	
	nent Options				
		erican Express	-		
Credit Card # Zip ( (Please make checks payable to Nativity Pilgr	code Exp :image) (There is a 3% cha				
	-	-			
Select one option: Charge my DEPOSIT now and the balance due 100		•	-		
*If you haven't received a confirmation email with				y cicuit calu	
I understand it is my responsibility to obtain any visas/re-entry permits nee valid for 6 months after the scheduled return date and I have read and agre	cessary for this trip if I do	not hold an American	passport. I understand pa	assports must be	
PRINT NAME: SIG	NATURE:		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, underwritten 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 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