Registration Form			-		NP381	
9-Day Pilgrimage to				For Office Use Only		
Medjugo	rje	Nativity Pilgrimage	Date	Payment	Check #	
& Cro	otio	Pilgrimage				
X A CIU	alla					
Dates: September 09 - 17, 202	4					
Cost: \$3,799 per person						
Departure: Round-trip air fro	om New York (JFK)					
Tour Operator: Nativity Pilgr	image					
Phone: (832) 406-7050						
Email: info@nativitypilgrima	ze.com	HAR SHOULD BE				
Website: <u>www.nativitypilgrim</u>	<u>age.com</u>	- 国際約1423月				
I understand it is my response PASSPORTS MUST BE VA		visas/re-entry permit necessary fo	or this trip if I don't h	old an American Pass	port.	
I have read and agreed to all	the terms and condit H COPY OF YOUR	tions as set forth in this brochure. PASSPORT WITH THIS REGIS				
Last name	First name		Middle			
			1			
Address		City, State, Zipco	ode			
Phone # (including area code)		Email				
Passport Number	Place of issue		Date o	Date of issue		
Expiration date	Date of birth		Gender: M F			
Emergency Contact (name & p	hone number)					
	· · · · · ,					
Special room accommodation	15					
I want to room with	(first & last name)					
I need a roommate						
I want a single room						
Please enclose a \$300 per person a copy of		-transferable deposit by check or o ty Pilgrimage 15710 JFK Blvd.			application and	
		Payment Options				
Check	Master Card		erican Express			
Credit Card #		*	-			
(Please mai	ke checks payable to N	Nativity Pilgrimage) (There is a 3% ch	arge for all credit card	payments)		
elect one option: Charge my DEI	OSIT now and the bal	lance due 100 days before departure.	Charge my TOTAL t	rip cost now (excludes a	ny insurance)	
Check enclosed for DEPOSIT O	NLY Check enclos	sed for TOTAL trip cost (excluding an	y insurance) Charg	e DEPOSIT ONLY to m	y credit card	
-		tion email within 2 weeks of registration	-			
I understand it is my responsibility to o valid for 6 months after the scheduled r					assports must be	

PRINT NAME:_