Registration Form NP3852

10-Day Jubilee Pilgrimage

to Italy



For Office Use Only			
Date	Payment	Check #	
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Dates: October 13-22, 2025							
Cost: \$4,699 from JFK / \$3,899 Land O	only						
Tour Operator: Nativity Pilgrimage	国域233%	a					
Phone: 832-406-7050		<u> </u>					
Email: info@nativitypilgrimage.com		3					
Website: www.nativitypilgrimage.com		3					
I understand it is my responsibility to o	obtain any visas/re-entry permit necessar ER 6 MONTHS OF RETURN DATE.	y for this trip if I don't h	old an American Passport.				
	and conditions as set forth in this broche OF YOUR PASSPORT WITH THIS REC SPORT MUST MATCH EXACTLY.						
Last name Fin	rst name	Middle					
Address	City, State, Zip	ocode					
Phone # (including area code)	Email						
Passport Number	Place of issue	Date o	fissue				
		•					
Expiration date	Date of birth		Gender: M F				
Emergency Contact (name & phone nur	mher)						
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 \$1,000)							
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 ☐ Mas Credit Card #		American Express Exp. Date	Discover 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:





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

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