NP6412

Pilgrimage To Italy

10-Day Pilgrimage

Dates: March 30 - April 8, 2027

Full Package: $5,999 per person (with airfare)

Land Package: $5,199 (without airfare)

Choose Your Departure City

☐ Departure City ☐ Other Departure City:_____

☐ Land Only Package

Note: This price is set with departure from the cities listed above. Airfare prices can vary from city to city. When choosing another departure city, our office will contact you should there be any additional airline costs.

For Office Use Only

Date	Payment	Check #

FOR MORE INFORMATION

Group Manager: Deisi Hernandez

Phone: 832-406-7050 ext. 109

Email: deisi@nativitypilgrimage.com

Website: nativitypilgrimage.com/elizabeth125

☐ I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. **PASSPORTS MUST BE VALID FOR AT LEAST 6 MONTHS BEYOND THE RETURN DATE.**

☐ I have read and agreed to all the terms and conditions as set forth in this brochure. **PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION. NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY.**

Last name	First name	Middle	
Address	City	State	Zip Code
Phone	Email		
Passport #	Place of issue	Date of issue	
Expiration date	DOB	Gender ☐ M	☐ F
TSA PreCheck / Global Entry #			
Emergency Contact Info			

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 passport copy to **Nativity Pilgrimage | 15710 JFK Blvd. Suite 225, Houston, TX 77032**

Payment Options

☐ **Check** ☐ **Master Card** ☐ **Visa** ☐ **American Express** ☐ **Discover** ☐ **Zelle**

Credit Card #_____ Zip code_____ Exp. Date_____ CVV Code_____

Please make checks payable to Nativity Pilgrimage | There is a 3% charge for all credit card payments | Send Zelle payments to accounting@nativitypilgrimage.com

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 to all the terms and conditions as set forth in the brochure.

PRINT NAME_____ **SIGNATURE**_____ **DATE**_____