NP6065

The Holy Land

14-Day Pilgrimage

Dates: April 5 - 18, 2027

Cost: $6,399 per person

Choose Your Departure City

☐ San Francisco ☐ Other Departure City:_____

☐ Land Only (without airfare)

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 INFO

Group Manager: Deisi Hernandez

Phone: 832-406-7050 ext.108

Email: deisi@nativitypilgrimage.com

Website: nativitypilgrimage.com/snyder-holy-land

☐ 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 vailid for at least 6 months beyond your return date.

☐ I have read and agree to all the terms and conditions as set forth by Nativity Pilgrimage. Please attach a copy of your passport with this registration form and mail to Nativity Pilgrimage. The name on this form and passport must match exactly.

Last Name	First Name	Middle Name	
Address	City	State	Zip
phone	email		
Passport #	Place of issue	Date of issue	
Expiration date	D.O.B.	Gender ☐ Male	☐ Female
TSA Pre-Check/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 $1,800

Please enclose a $300 non-refundable, non-transferable deposit by check or credit card (see Terms & Conditions) with registration form and passport copy to **Nativity Pilgrimage | 15710 JFK Blvd. Suite 225, Houston, TX 77032**

Payment Options

☐ **Check** ☐ **Visa** ☐ **Master Card** ☐ **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 Option: ☐ Charge my deposit now and the balance due 100 days before departure. ☐ Charge **only my deposit** to my credit card

☐ Charge my **TOTAL** trip cost now (excluding any additionally purchased cancellation insurance through Trawick) ☐ Check enclosed for my **deposit only**

☐ Check enclosed for **TOTAL** trip cost (excluding any additionally purchased cancellation insurance through Trawick)

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**_____