

NP6413

Holy Land/Greece

14-Day Pilgrimage with Cruise

**Dates:** Sept. 1 - 14, 2027**Cost:** \$7,499 per person**Choose Your Departure City**

- ☐ Bismarck, ND ☐ 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.109**Email:** deisi@nativitypilgrimage.com**Website:** nativitypilgrimage.com/hoffmann-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 valid 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
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Address	City	State	Zip
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phone	email
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Passport #	Place of issue	Date of issue
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Expiration date	D.O.B.	Gender	☐ Male	☐ Female
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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 an \$800 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. ☐ Check enclosed for **DEPOSIT ONLY**

☐ Charge my **TOTAL** trip cost now (excluding additional cancellation insurance)

☐ Charge **DEPOSIT ONLY** to my credit card

☐ Check enclosed for **TOTAL** trip cost (excluding additional cancellation insurance)

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** _____