



NP6488

Danube River Cruise

12-Day Pilgrimage From Budapest to Prague

August 1–12, 2027

Group Manager

Deisi Hernandez

Phone: 832-406-7050 ext. 109**Email:** deisi@nativitypilgrimage.com**Web:** nativitypilgrimage.com/holy-trinity-sa**Available Packages**☐ **Full Package****\$ 8,499** through Sept. 25, 2026
(including airfare/double occupancy)☐ **Full Package****\$ 9,999** after Sept. 25, 2026
(including airfare/double occupancy)

(Choose your departure)

☐ **Austin, TX**☐ **Other Departure City:** _____**Note:** This price is set with departure from the city or 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.☐ **Land-Only****\$ 7,699** through Sept. 25, 2026
(excluding airfare/double occupancy)☐ **Land-Only****\$ 9,199** after Sept. 25, 2026
(excluding airfare/double occupancy)**Land Only:** Includes all Full Package services except airfare. You are responsible for your own flights and airport transfers unless your schedule aligns with the group's. No changes may be made after the final payment deadline.

☐ I understand it is my responsibility to obtain any visas/re-entry permits 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	
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:	☐ I need a roommate
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Cabin Upgrades (Standard price is based on a "C" cabin with double occupancy. Upgrade prices shown below are based on double occupancy.)

☐ **BB (+\$600)** ☐ **BA (+\$800)** ☐ **AB (+\$1,000)** ☐ **AA (+\$1,200)** ☐ **AA+ (+\$1,800)** ☐ **SS (+\$2,600)**

Single Room Supplement (If you wish to have a single room, please make your choice below.)

☐ **C (+\$4,100)** ☐ **BB (+\$4,400)** ☐ **BA (+\$4,600)** ☐ **AB (+\$4,800)** ☐ **AA (+\$5,000)** ☐ **AA+ (+\$8,900)** ☐ **SS (+\$9,700)**

Please enclose a non-refundable, non-transferable \$800 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**☐ **Mastercard**☐ **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 my **TOTAL** trip cost now
(excluding additional cancellation insurance)☐ Check enclosed for **DEPOSIT ONLY** ☐ 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 _____

We highly recommend purchasing trip cancellation insurance. This protects you in case of any unforeseen circumstances that may prevent you from going on your trip. We offer insurance through Trawick International. You may also use your own travel insurance, if desired.



Nativity Pilgrimage Plan

International Travel Medical Plan with Optional Trip Protection Benefits



Benefits of Coverage

Benefits Purchased on Your Behalf by Nativity Pilgrimage	Maximum Benefit Amount
Medical & AD&D Coverage	
Medical Evacuation and Repatriation of Remains	\$250,000
Emergency Medical Evacuation	Included
Medical Repatriation	Included
Repatriation of Remains	Included
Additional Medical Evacuation	
Transportation of Children/Child	Included
Bedside Visit Transportation to Join You	Included
Emergency Accident and Sickness Medical Expense	\$50,000
Dental Expenses	\$750
Trip Coverage	
Trip Interruption	\$500 (Return Air Only)
Trip Delay (6 Hours)	\$150/day; \$750 maximum
Missed Connection (3 Hours)	\$500
Political or Security Evacuation & Natural Disaster Evacuation	\$150,000
Personal Items Coverage	
Baggage and Personal Effects	\$1,500
Baggage Delay (24 Hours)	\$400
Option 1: Add Cancellation & Interruption Coverages	
Trip Cancellation	100% of Trip Cost (Max. \$20,000)
Trip Interruption	150% of Trip Cost (Max. \$30,000)
Frequent Traveler Reward	\$250
Option 2: Add Cancellation for Any Reason	
Cancel For Any Reason	75% of Trip Cost

Not all Benefits are available in all states, please see the Plan Document for all details.

