

REGISTRATION FORM

St. Joseph Catholic Church - Andale, KS
Join Fr. Daryl Befort
for a 10-Day Pilgrimage to the Holy Land

September 6 - 15, 2021

\$3,799 per person

Round Trip Air from Wichita, KS

For more information, please contact Alison Stookey
(918) 237-5373 | catholictraveltoday@gmail.com

For Office Use Only

Date	Payment

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 AFTER 6 MONTHS OF DEPARTURE.**
I have read and agreed to all the terms and conditions as set forth in this brochure.

Print Name _____ Signature _____ Date _____

PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION

Last name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip Code:	
Phone (including area code):	
Email Address:	
Passport Number:	Place of Issue:
Date of Issue:	Expiration Date:
Date of Birth: (D/M/Y)	Gender: M F
In case of emergency , please contact (Name & Phone #):	
Special Needs:	
Please choose one of the following:	
<input type="checkbox"/> I want to room with (give name):	
<input type="checkbox"/> I need a roommate	
<input type="checkbox"/> I want a Single Room (at an additional \$640.00)	

A NONREFUNDABLE DEPOSIT OF \$300.00 PER PERSON – (SEE TERMS AND CONDITIONS)
MAKE CHECKS PAYABLE TO: NATIVITY PILGRIMAGE
MAIL CHECKS TO: 1300 N. SAM HOUSTON PKWY E., SUITE 125
HOUSTON, TX 77032

GROUP DELUXE

GROUP TRAVEL PROTECTION PLAN

SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

PURCHASED ON YOUR BEHALF BY NATIVITY PILGRIMAGE:

Trip Interruption	\$500 Return Air Only
Travel Delay – 6 hours	\$750 (\$150/day)
Missed Connection – 3 hours	\$500
Baggage/Personal Effects	\$1,500
Baggage Delay – 24 hours	\$400
Non-Medical Emergency Evacuation	\$150,000
Accident & Sickness Medical Expense	\$50,000
Emergency Medical Evacuation, Medical Repatriation & Return of Remains	\$250,000
Non-Insurance Worldwide Emergency Assistance Services (Provided by OnCall International)	Included

OPTION 1: ADD CANCELLATION & INTERRUPTION COVERAGES

Trip Cancellation	Trip Cost*
Trip Interruption	150% of Trip Cost

OPTION 2: ADD CANCELLATION, INTERRUPTION, & CANCEL FOR ANY REASON COVERAGES

Cancel for Any Reason (CFAR)**	Up to 75% Trip Cost
--------------------------------	---------------------

Coverages may vary and not all coverage is available in all jurisdictions.

* Subject to maximum benefit amount of \$20,000.

** CFAR coverage is up to 75% of the prepaid, nonrefundable trip cost (subject to \$20,000 maximum). CFAR is optional and available for individuals or your entire group. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR is available if purchased at the time of original plan purchase and within 14 days of the date your initial deposit for your trip is received, and you paid your Travel Supplier for the full cost for all non-refundable trip costs for your trip prior to your cancellation of your trip. For \$0 Trip Cost there is no CFAR. **This benefit is not available to residents of New York State.**

PER PERSON RATES

Cost of Trip	Option 1	Option 2**
\$501-\$1,000	\$70	\$105
\$1,001-\$1,500	\$112	\$168
\$1,501-\$2,000	\$138	\$207
\$2,001-\$2,500	\$174	\$261
\$2,501-\$3,000	\$206	\$309
\$3,001-\$3,500	\$233	\$350
\$3,501-\$4,000	\$290	\$435
\$4,001-\$4,500	\$331	\$497
\$4,501-\$5,000	\$383	\$575

The above rates are for trips up to 30 days – for each day over 30 add \$6 per person per day.

All of the above rates are for the plan which includes insurance and non-insurance services.

**Cancel For Any Reason (CFAR) benefit not available to residents of New York State.

For more informaton on limitations, exclusions, and details of coverage, please visit <https://nativitypilgrimage.com/travel-protection-form-2/> for the full form.



NATIVITY PILGRIMAGE

Has purchased post-departure travel protection for all participants. If interested in purchasing Option 1: Trip Cancellation or Option 2: Cancel for Any Reason (CFAR), please use the rate chart below and mail this form with a check to:

Nativity Pilgrimage
1300 N. Sam Houston Parkway E,
Suite 125
Houston, TX 77032
(832) 406-7050

APPLICATION:

Applicant Name(s): _____

Trip Name: _____

Trip Dates: _____

Address: _____

Phone: _____

Email: _____

Trip Cost: _____

Option 1 or **Option 2** (circle one)

Plan Cost: _____

Applicant Signature _____

Travel Insured International

844-440-8113

groups@travelinsured.com

www.travelinsured.com