

Holy Land Pilgrimage 11 Days



Dates: October 5-15, 2026
Cost: \$4,799 per person
Departure: Denver International Airport (DIA)
Tour Coordinator: Nativity
Phone: (832) 406-7050
Email: info@nativitypilgrimage.com
Website: trip.nativitypilgrimage.com/gallardo-hld-2026

For Office Use Only

Date	Payment	Check #

- ☐ 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 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, Zipcode		
Phone			Email		
Passport Number		Place of issue		Date of issue	
Expiration date		Date of birth		Gender: M F	
Emergency Contact (name & phone number)					
Special room accommodations					
☐ I want to room with (first & last name)					
☐ I need a roommate					
☐ I want a single room (at an additional \$900)					

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

Payment Options

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

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)

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

If you haven't received a confirmation email within 2 weeks of registration, please contact Nativity Pilgrimage.

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

PRINT NAME: _____ SIGNATURE: _____ DATE: _____



[Find Out More Information](#)



SINGLE TRIP PLAN COMPARISONS

BASE PLAN

WORLDWIDE TRIP PROTECTOR PLATINUM

WORLDWIDE TRIP PROTECTOR DELUXE

WORLDWIDE TRIP PROTECTOR ESSENTIAL

Insurance Benefits and other Non-Insurance Services	Worldwide Trip Protector Platinum	Worldwide Trip Protector Deluxe	Worldwide Trip Protector Essentials
Benefit	Maximum Benefit Amount		
Trip Cancellation**	up to 100% of the non-refundable insured Trip Cost*	up to 100% of the non-refundable insured Trip Cost*	up to 100% of the non-refundable insured Trip Cost*
Trip Interruption	up to 150% of the non-refundable insured Trip Cost****	up to 150% of the non-refundable insured Trip Cost***	up to 100% of the non-refundable insured Trip Cost***
Trip Delay	up to \$200 per day, to a maximum of \$2,000 - 3 hours	up to \$150 per day, to a maximum of \$1,500 - 6 hours	up to \$100 per day, to a maximum of \$500 - 12 hours
Missed Connection	up to \$1,000	up to \$750	up to \$500
Medical Evacuation and Repatriation of Remains	up to \$1,000,000	up to \$500,000	up to \$200,000
Political or Security Evacuation & Natural Disaster Evacuation	up to \$150,000	up to \$50,000	---
Baggage & Personal Effects	up to \$2,500 (\$250/article)	up to \$1,500 (\$250/article)	up to \$750 (\$250/article)
Baggage Delay	up to \$750 - 3 hours	up to \$500 - 6 hours	up to \$200 - 12 hours
Accident and Sickness Medical Expense	up to \$500,000	up to \$250,000	up to \$50,000
Dental Sublimit	up to \$750	up to \$750	up to \$750
24-Hour Other than Air Flight Accidental Death & Dismemberment	up to \$10,000	up to \$10,000	---
Non-Insurance Travel Assistance Services	Included	Included	Included

* Up to the lesser of the Trip Cost paid or the limit of coverage on Your confirmation of coverage

** Not applicable when \$0 Trip Cost displayed on Your confirmation of coverage

*** \$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage

Find out more

[Click here for important Disclaimers](#)

Travel Insured International
855 Winding Brook Drive
Glastonbury, CT 06033

www.travelinsured.20241118-4034321