HOLY Travel

Join Us! November 1 - 13, 2026

PILGRIMAGE *to the*

13 DAYS | Holy Land, Jordan & Egypt

Spiritual Director
His Excellency
Archbishop Jeffrey S. Grob

Day 1: Departure

Day 2: Arrive in Tel Aviv. Meet tour guide & driver.

Day 3: Bethlehem / Nativity Church

Day 4: Sea of Galilea / Cana

Day 5 - 6: Jerusalem / Holy Sepulchre Church

Day 7: Jordan River / Dead Sea / Jericho

Day 8: Welcome to Jordan

Day 9: Wadi Musa / Petra

Day 10: Welcome to Egypt

Day 11: Egypt / Old City

Day 12: Egypt / Pyramids of Giza

Day 13: Departure

Includes:
- Round-trip airfare
- First-class hotels
- Daily breakfast & dinner
- Sightseeing / admissions fees, per itinerary
- Transfers, per itinerary
- Mass
- Professional tour guide

Excludes:
- **Gratuities**
- Travel insurance *(optional but recommended)*
- Lunches
- Passport, visa, border crossing fees, if any
- Personal items (*phone calls, room service, etc)*

Visit **holytravel.com/rid572067** for more details.

Have a question? (346)538-5655 | Monday - Friday: 9 am - 5 pm CST

Follow us! facebook.com/holytravel

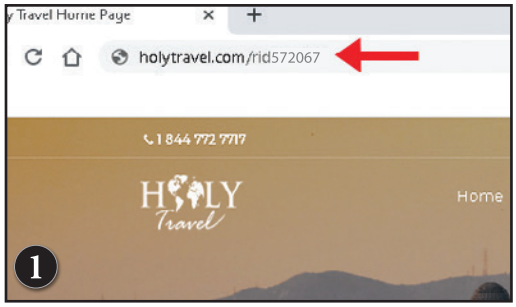
Register Online

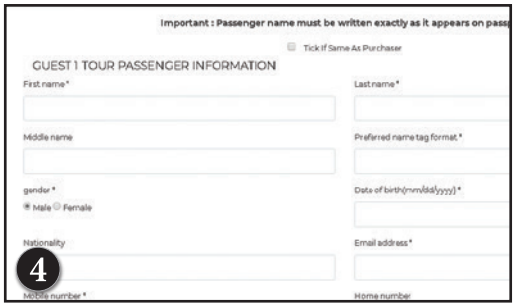
holytravel.com/ridrid572067

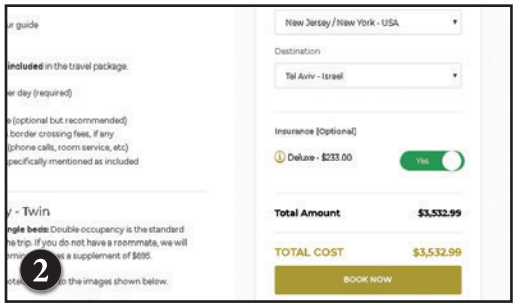
Instructions:

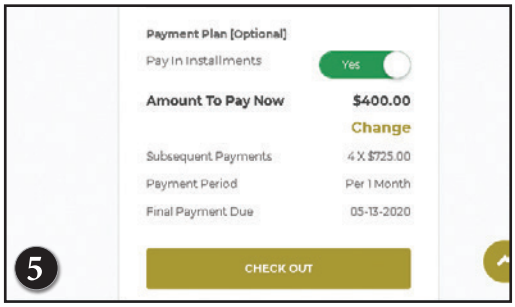
Installment plan is available during check out.

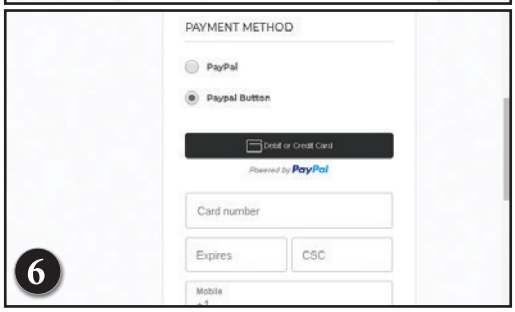
1. In your web browser, type: **holytravel.com/rid572067**
2. Select your booking preferences and proceed to **Book Now**.
3. Create a user account. Fill in the required information and click **Submit & Continue**.
4. Fill in passenger information for each person traveling. Click **Proceed with Booking**.
5. Proceed to check out. Select **Payment Plan** if you would like to pay in monthly installments.
6. Submit your payment. Your registration is complete.











Register By Mail

Complete this form and mail to: 3536 Highway 6, Suite 142, Sugar Land, Texas 77478

IMPORTANT! Write your name exactly as it appears on your passport.

Last Name

First Name | Middle Name

Date of birth (MM/DD/YY) | Gender | Nationality

Home phone | Mobile phone

Email

☐ **I request to room with:**

name of person

☐ **I need a roommate.** I understand if I do not have a roommate I will be required to pay the $1400 single room supplement fee.

☐ **I request a single room.** Single rooming requires a supplement of $1400 and may increase your travel protection premium, if any.

☐ **Payment by Check or Money Order**
Payable to: HOLY TRAVEL INC
Full payment due 100 days prior to departure date.
$6399.99 - I agree.

☐ **Payment by Credit Card (plus 4% processing fee)**
Full payment due 100 days prior to departure date.
$6399.99 - I agree.
We will contact you to process your card by phone.

Travel Protection Plan (optional but recommended)
For more info: 346-538-5655

☐ Yes, I am interest in purchasing a protection plan.
*Protection plans are **age-based**. One of our represetatives will give you a call to give you a quote and discuss your options.*

You can make a bank transfer *OR* visit a Bank of America branch in person:

Bank of America
Account: 488066873835
Routing: 111000025
Wires: 026009593

Please send us a photo of your payment by email or text message:

invoice@holytravel.com
(346)538-5655

Include a minimum payment of $400 per traveler. Non-refundable after 7 days. Submitting any payment acknowledges you have read, understand, and agree to the Terms & Conditions available online at holytravel.com. You may request a printed copy of the Terms & Conditions mailed to your residence.