## 10 Day - Holy Land **Pilgrim**age With Christopher Cross on his 96<sup>th</sup> trip and two **Catholic Priests**

xciting 10-Day Pilgrimage to the Holy Land May 5-16, 2024 \$5,155. Per person Land only \$3,735.

We will visit Jerusalem, Bethlehem, Nazareth, Sea of Galilee, Jordan River, Mt. Tabor, Way of the Cross, Garden of Gethsemane, and all the mystery sites of the Holy Rosary and much more.

## **Trip Includes:**

- · Round trip air Newark, NJ to Tel Aviv, Israel on El Al Airlines (Israel official airlines and safest airlines in the world)
- · 6 nights in Jerusalem
- · 3 nights Sea of Galilee
- · American style breakfast, plus lunch and dinner daily
- · Deluxe Motor coach
- Hotel Room (2 person per room)
- All entrance fees
- · English speaking Catholic guide
- · Daily Mass at all the Holy Sites

Not included are: all tips, gratuities, (lunch on the last two free days) any new additional fuel surcharges that may be added from time

Open days lunch is on our own. Please make a deposit of \$1,700 to secure air seats and balance is due 90 days prior to departure. Land only pilgrims still need to send in \$1,700 deposit.

> For more information call 704-274-2031 or email:

christopherxcross@gmail.com or visit www.catholicholyland.com and print a registration form.

## SEE THE ITINERARY AT:

www.catholicholyland.com

Total price for the trip is \$5,155.00 per person based on double occupancy. Private room supplement is \$1,100. Deposit of \$1,700 due to secure air seats and balance is due 90 days prior to departure.

Yes! I wish to travel with Christopher Cross on a Pilgrimage to the Holy Land.

□ May 5-16, 2024

## **Enclosed please find my deposit check** of \$1700.00 per person.

There will be no refunds 45 day prior to departure date. Air tickets you may get a voucher from El Al Airlines, but the land portion is non-refundable within 45 days of departure. Travel Insurance is highly recommended and is available at the top of the web site under **Resources**.

> My check is made payable to: Christopher Cross, KHS, 15803 Oxford Clann Drive

Huntersville, NC 28078
704-274-2031
Please print clearly
Phone
Email
Name & Date of Birth
- Street
City & State  I would like a private room (\$1,100 supplement)  I would like to share a room with:
□ Non-Smoking □ Smoking □ Smoking What name is on your passport? Passport number?
What name would you like on your name tag?

☐ I am enclosing a deposit of \$1700.00 ☐ I am enclosing \$ as full payment for my tour.

Sorry! No payments by credit card!

(balance must be paid by Feb 5, 2024)





