

Holy Land Pilgrimage

With

Christopher Cross, KHS his

93rd trip and two Catholic

Priests

to the Holy Land
November 2-13, 2025
\$4,990 per person or \$3,700
for land only.

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. Mass each morning at Calvary or the Tomb of Christ while in Jerusalem and much more.



- Round trip air Newark, NJ to Tel Aviv, Israel nonstop flight
- 5 nights in Jerusalem
- 3 nights Sea of Galilee
- American style breakfast, plus lunch and dinner daily
- 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 only on the last two free days) any new additional fuel surcharges that may be added from time of registration to departure date

Open days' lunches are on your own. Please make a deposit of \$1,500 to secure air seats. Balance is due 90 days prior to departure.

For more information

Call: 1-704-274-2031

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

SEE THE ITINERARY AT: www.catholicholyland.com

price for the trip is per person based on double occupancy. Private room supplement is \$1100.

Deposit of \$1,500 due to secure air seats and balance is due 90 days prior to departure.

Yes! I wish to travel with Christopher Cross, KHS on a 10 day Pilgrimage to the Holy Land November 2-13, 2025

☐ Enclosed please find my deposit check of \$1,500 per person.

No refunds within 45 days of departure date. Please make sure you get travel insurance which is available at the top of my web site under resource tab. Please enclose a copy of your passport with registration page. Please print legibly.

My check is made payable to:

Christopher Cross, KHS, 15803 Oxford Glenn Drive Huntersville, NC 28078 1-704-274-2031

Need more space print it on the back of the page.

e-mail address & phone number

1
Name & DOB
- Address
-
☐ I would like a private room (\$1,100 supplement)
☐ I would like to share a room with:
Non-Smoking Non-Smoking
Smoking
What name is on your passport? DOB
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name tag? (name you want to be called
Full payment due 90 days from departure date
☐ I am enclosing \$ depos

as full payment for

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