



JazZenJourney® Italy, July 12~19, 2025

COSTS, TERMS, CONDITIONS, and REGISTRATION FORM:

+1 717 514 3082 jazzenjourney@gmail.com <http://www.jazzenjourney.com>

IN THIS *JazZenJourney* PACKAGE:

INCLUDED

- Pick up (7-12-25) and drop off (7-19-25), Hilton Garden Inn, Florence, Novoli
- Seven nights Room and Board (Except where noted “Lunch on your own” on the schedule)
 - Wine with meals
- All scheduled activities and excursions, with transportation to and from

NOT INCLUDED:

- Airfare / Travel Arrangements to and from Italy
 - Hotel Bookings outside of San Fedele
 - Travel insurance
- Independent sightseeing, activities, and personal shopping expenses
 - Spa services (facial, manicure, massage, etc.)

COST:

DOUBLE ROOM OCCUPANCY: \$4,990 PER PERSON

SINGLE OCCUPANCY: (ONLY 2 ROOMS AVAILABLE) SUPPLEMENT: \$700

A DEPOSIT OF \$4,990 IS REQUIRED WITH REGISTRATION TO HOLD A ROOM.

BALANCE DUE BY 03/01/2025

We will email you acknowledgement of payment once we receive your deposit.

CHECKS PAYABLE TO: Andrea M. Rudolph

IMPORTANT: PRINT and FILL OUT the following REGISTRATION FORM

MAIL THE ENTIRE REGISTRATION FORM WITH DEPOSIT TO:

Andrea M. Rudolph, 3612 Kramer Street, Harrisburg, PA 17109

ALL DEPOSITS ARE NON-REFUNDABLE. IF THE TRIP IS POSTPONED DUE TO CIRCUMSTANCES BEYOND OUR CONTROL, ALL DEPOSITS WILL BE HELD GOOD FOR A RESCHEDULED DATE.



*A unique opportunity with hosts Andrea and Steve Rudolph
Borgo San Fedele, Radda in Chianti, Italy*

REGISTRATION FORM

JazZenJourney, ITALY, JULY 12 - 19, 2025

COST:

DOUBLE ROOM OCCUPANCY: \$4,990 PER PERSON

2 SINGLE ROOMS AVAILABLE: ADD \$700 SUPPLEMENT FEE

**A DEPOSIT OF HALF THE AMOUNT PER PERSON IS REQUIRED WITH
REGISTRATION**

CHECKS ARE MADE PAYABLE TO: *Andrea M. Rudolph*

FILL OUT THE ENTIRE FORM (PLEASE PRINT) AND SIGN

NAME(S): 1. _____

2. _____

ADDRESS: 1. _____

2. _____

PHONE: 1. H _____ C _____

2. H _____ C _____

EMAIL: 1. _____

2. _____

**PASSPORT INFO: FILL OUT EXACTLY AS IT APPEARS ON YOUR PASSPORT:
FOR DATES: DAY, THEN MONTH, THEN YEAR EXAMPLE: 18, December, 1962**

Individual (1)

Individual (2)

SURNAME:		
NAME:		
D.O.B. (Day, Mo. Yr.):		
GENDER:		
COUNTRY OF BIRTH:		
NATIONALITY:		
PASSPORT NUMBER:		
EXPIRATION DATE:		

ALLERGY AND FOOD ALLERGY/REQUIREMENTS:

DO YOU HAVE ANY ALLERGIES? (1) _____ (2) _____

FOOD ALLERGIES OR REQUIREMENTS? (SPECIFICALLY, WHAT YOU CAN AND CANNOT EAT). THE CHEF WILL ACCOMMODATE ALL DIETARY NEEDS.

(1) _____ (2) _____

DO YOU HAVE ANY MOBILITY OR HEALTH ISSUES? (1) _____ (2) _____

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

E-MAIL: _____

RELATIONSHIP: _____

Deposit enclosed: \$4,990 BALANCE of \$4,990 DUE BY 03/01/2025

I / We have read and agree to the “Costs, Terms, and Conditions” for *JazZenJourney®*, ITALY, 2025 I / We understand all deposits are non-refundable.

Signature(s) required:

1. _____ Date _____

2. _____ Date _____