



JazZenJourney® Italy, July 23~30, 2022

COSTS, TERMS, CONDITIONS, and REGISTRATION FORM:

INCLUDED IN THIS *JazZenJourney* PACKAGE:

- Hilton Garden Inn, Florence, Novoli pick up (7-23-22) and drop off (7-30-22)
- Seven nights Room and Board (Except where noted “Lunch on your own” on the schedule)
 - Wine with meals
 - All activities, excursions, and tastings

NOT INCLUDED:

- Airfare
- Travel insurance
- Independent sightseeing, activities, and personal shopping expenses
 - Spa services (facial, manicure, massage, etc.)

COST:

~DOUBLE ROOM OCCUPANCY: \$4,375 **PER PERSON**

~SINGLE ROOM OCCUPANCY: \$4,875 (\$4,375 + SUPPLEMENT FEE of \$500.00)

A DEPOSIT OF HALF THE AMOUNT, PER PERSON, IS REQUIRED WITH REGISTRATION. 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 FORM WITH YOUR DEPOSIT BY 01/01/2022 TO:

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

DEPOSITS ARE NON-REFUNDABLE. IF WE HAVE TO POSTPONE THE TRIP DUE TO COVID OR CIRCUMSTANCES BEYOND OUR CONTROL, ALL DEPOSITS WILL BE HELD GOOD FOR A RESCHEDULED DATE.

FINAL BALANCE DUE: 03/01/2022

THANK YOU!



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

REGISTRATION FORM

JazZenJourney, ITALY, JULY 23 - 30, 2022

COST:

DOUBLE ROOM OCCUPANCY: \$4,375 PER PERSON

SINGLE ROOM OCCUPANCY: \$4,875 (\$4,375 + SUPPLEMENT FEE of \$500.00)

**A DEPOSIT OF HALF THE AMOUNT PER PERSON IS REQUIRED WITH
REGISTRATION, BY JANUARY 1, 2022 (BALANCE DUE BY MARCH 1, 2022)**

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

PLEASE PRINT

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:		
DATE OF BIRTH:		
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 NUMBER: _____

E-MAIL: _____

RELATIONSHIP: _____

Deposit enclosed: \$ _____ BY 01/01/2022, BALANCE DUE BY 03/01/2022

I / We have read and agree to the “Cost, Terms, and Conditions” for *JazZenJourney*®, ITALY, 2022 I / We understand all deposits are non-refundable.

Signature(s) required

1. _____ Date _____

2. _____ Date _____

