



JazZenJourney® Italy, July 13~20, 2024

COSTS, TERMS, CONDITIONS, and REGISTRATION FORM:

+1 717 514 3082

jazzenjourney@gmail.com

<http://www.jazzenjourney.com>

IN THIS *JazZenJourney* PACKAGE:

INCLUDED

- Pick up (7-13-24) and drop off (7-20-24), Hilton Garden Inn, Florence, Novoli
- Seven nights Room & Board (Except where noted “Lunch on your own” on the schedule)
 - Wine with meals
 - Scheduled activities and excursions

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: \$4,850 PER PERSON

SINGLE ROOM OCCUPANCY: \$5,500 (\$4,850 + \$650 SUPPLEMENT FEE)

PLEASE NOTE: ONLY 3 SINGLE ROOMS ARE AVAILABLE.

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 DEPOSIT BY 01/01/2024 TO:

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

ALL DEPOSITS ARE NON-REFUNDABLE. IF THE TRIP IS POSTPONED DUE TO COVID OR 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 13 - 20, 2024

COST:

DOUBLE ROOM OCCUPANCY: \$4,850 PER PERSON

SINGLE ROOM OCCUPANCY: \$5,500 (\$4,850 + SUPPLEMENT FEE of \$650.00)

**A DEPOSIT OF HALF THE AMOUNT PER PERSON IS REQUIRED WITH
REGISTRATION, BY JANUARY 1, 2024 (BALANCE DUE BY MARCH 1, 2024)**

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

PLEASE 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: \$ _____ BY 01/01/2024, BALANCE DUE BY 03/01/2024

I / We have read and agree to the “Costs, Terms, and Conditions” for *JazZenJourney®, ITALY, 2024* I / We understand all deposits are non-refundable.

Signature(s) required:

1. _____ Date _____

2. _____ Date _____