



JazZenJourney® Napa, September 3-8, 2024

COSTS, TERMS, CONDITIONS, and REGISTRATION FORM:

+1 717 514 3082

jazzenjourney@gmail.com

<http://www.jazzenjourney.com>



IN THIS *JazZenJourney* PACKAGE:

INCLUDED

- Five nights at The George, Napa, with breakfast each morning
 - Welcome Dinner with select wines at The George, Napa
- Cooking class & lunch with wines, The Culinary Institute of America, Copia
 - All jazz concerts
 - Walking or sitting Meditations (optional)
- Elegant Heirloom Dinner with Wine Pairings at a Boisset Winery
- Limo Tour of select Napa Valley Wineries (Tastings are on your own)

NOT INCLUDED:

- Airfare / Travel Arrangements to and from Napa
- Wine tastings at select wineries on the Wine Tour
- All dinners and lunches not mentioned in the “Included” section
 - Travel insurance
- Independent sightseeing, activities, and personal shopping expenses

COST:

Signature Queen and California King Rooms: \$4,650 PER PERSON

King Suites: \$5,050 PER PERSON

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

ALL DEPOSITS ARE NON-REFUNDABLE.



JazZenJourney®, Napa

A unique travel opportunity with hosts Andrea and Steve Rudolph

Napa, California

REGISTRATION FORM

JazZenJourney, NAPA, September 3-8, 2024

COST:

Signature Queen & California King Rooms: \$4,650 PER PERSON

King Suites: \$5,050 PER PERSON

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

OR YOU CAN CHOOSE TO PAY THE FULL AMOUNT UP FRONT.

CHECKS PAYABLE TO: *Andrea M. Rudolph*

MAIL THE ENTIRE FORM WITH DEPOSIT BY 01/01/2024 TO:

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

FILL OUT THE FORM (PLEASE PRINT) AND SIGN

NAME(S): 1. _____

2. _____

ADDRESS: 1. _____

2. _____

PHONE: 1. H _____ C _____

2. H _____ C _____

EMAIL: 1. _____

2. _____

ALLERGY AND FOOD ALLERGY/REQUIREMENTS:

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

FOOD ALLERGIES OR REQUIREMENTS? (SPECIFICALLY, WHAT YOU CAN AND CANNOT EAT). WE WILL TRY TO 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: \$ _____ (BALANCE DUE BY 03/01/2024)

Full amount enclosed: \$ _____

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

Signature(s) required:

1. _____ Date _____

2. _____ Date _____