JazZenJourney® Italy, July 17-24, 2027

COSTS, TERMS, CONDITIONS, and REGISTRATION FORM:

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

IN THIS *JazZenJourney* PACKAGE:

INCLUDED

- **Pick up (7-17-27) and drop off (7-24-27), The DoubleTree by Hilton Florence Metropole**
- **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**

NOT INCLUDED:

- **Airfare / Travel Arrangements to and from Italy**
- **Hotel Bookings outside of San Fedele**
- **Travel insurance**
- **Independent activities, personal expenses, and spa services.**

COST:

$6,500 PER PERSON IN DOUBLE OCCUPANCY

A DEPOSIT OF $3,250 per person in double occupancy REQUIRED WITH REGISTRATION.

BALANCE DUE FEBRUARY 1, 2027

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.

JazZenJourney®

A unique opportunity with hosts Andrea and Steve Rudolph

Borgo San Fedele, Radda in Chianti, Italy

REGISTRATION FORM

***JazZenJourney*, ITALY, JULY 17 – 24, 2027**

COST:

DOUBLE ROOM OCCUPANCY: $6,500 PER PERSON

A DEPOSIT OF $3,250 per person REQUIRED UPON REGISTRATION.

BALANCE DUE FEBRUARY 1, 2027

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.):	Day Mo Yr	Day Mo Yr
GENDER:		
COUNTRY OF BIRTH:		
NATIONALITY:		
PASSPORT NUMBER:		
EXPIRATION DATE:	Day Mo Yr	Day Mo Yr

ALLERGY AND FOOD ALLERGY/REQUIREMENTS:

FOOD ALLERGIES OR REQUIREMENTS? (SPECIFICALLY, WHAT YOU CAN AND CANNOT EAT). THE CHEF WILL ACCOMMODATE ALL DIETARY NEEDS.
(1)_____(2)_____

ANY OTHER ALLERGIES?
(1)_____(2)_____

MOBILITY OR HEALTH ISSUES?
(1)_____(2)_____

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION:

NAME:_____ PHONE:_____

E-MAIL:_____

RELATIONSHIP:_____

Deposit enclosed: $_____ BALANCE DUE BY 02/01/2027

I / We have read and agree to the "Costs, Terms, and Conditions" for *JazZenJourney®, ITALY, 2027* I / We understand all deposits are non-refundable.
Signatures required:

1._____Date_____

2._____Date_____