



# JazZenJourney® Italy, July 15~22, 2023

## **COSTS, TERMS, CONDITIONS, and REGISTRATION FORM:**

+1 717 514 3082    [jazzenjourney@gmail.com](mailto:jazzenjourney@gmail.com)    <http://www.jazzenjourney.com>

### **IN THIS *JazZenJourney* PACKAGE:**

#### **INCLUDED**

- Pick up (7-15-23) and drop off (7-22-23), 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: \$4,700 PER PERSON**

**SINGLE ROOM OCCUPANCY: \$5,300 (\$4,700 + \$600 SUPPLEMENT FEE)**

**PLEASE NOTE: THERE ARE ONLY 2 SINGLE ROOMS 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 01/01/2023 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 15 - 23, 2023

### **COST:**

**DOUBLE ROOM OCCUPANCY: \$4,700 PER PERSON**

**SINGLE ROOM OCCUPANCY: \$5,300 (\$4,700 + SUPPLEMENT FEE of \$600.00)**

**A DEPOSIT OF HALF THE AMOUNT PER PERSON IS REQUIRED WITH  
REGISTRATION, BY JANUARY 1, 2023 (BALANCE DUE BY MARCH 1, 2023)**

**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)**

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

**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 01/01/2023, BALANCE DUE BY 03/01/2023**

**I / We have read and agree to the “Cost, Terms, and Conditions” for *JazZenJourney®, ITALY, 2023* I / We understand all deposits are non-refundable.**

**Signature(s) required**

**1. \_\_\_\_\_ Date \_\_\_\_\_**

**2. \_\_\_\_\_ Date \_\_\_\_\_**