



# WASHINGTON, D.C

*A city your child has read about and seen in pictures from the time they entered school. However, no written word or picture can have the learning potential of actually visiting this historic city.*

Dear St. Joseph Students and Parents:

This year we I be offering a trip to Washington, D.C. for our eighth grade students and their parents. Classic Tours of Auburn will be making the arrangements for us.

We will depart from St. Joseph School the morning of Tuesday, May 7, via motor coach and arrive at our hotel that evening. We will leave Washington the evening of Friday, May 10, and arrive back at St. Joseph School early the next morning, Saturday, May 11.

Our meals will be at large food courts and buffet style restaurants. You will be responsible for lunch and dinner on Tuesday. All other meals are included.

Adult costs are as follows and includes transportation, accommodations for three nights, nine meals, sightseeing and admissions, evening activities and accident insurance (\$2500.00). Quad occupancy: \$956.00; triple occupancy: \$1,001.00; double occupancy: \$1,090.00; single occupancy: \$1,358.00. These prices are based on a minimum of 35 participants per motor coach. If the number signed up for the trip falls below the minimum, an adjustment will have to be made in the trip cost or in the trip itself. **Requested occupancy is not guaranteed and depends on the number of adults and students signed up for the trip.**

Highlights of our trip will include a tour of the Capitol building; a night tour of the memorials; visits to Arlington National Cemetery and Mount Vernon in Virginia; a Washington Nationals Baseball game; several hours in the Smithsonian Institute museum complex and much more.

I am confident that a visit to Washington, D.C. will provide a unique learning experience, as well as a valuable insight into our nation's history and government. If you have questions not answered by this letter please feel free to contact me at school at lsutton@sjdecatur.org.

To make reservations, complete the bottom of this form, detach and mail in the envelope provided with your \$250.00 deposit to Classic Tours, Inc., 3714 CR 40A, Auburn, Indiana 46706. Please make all checks payable to Classic Tours, Inc.

**For online registration please visit our website [www.classictoursinc.com](http://www.classictoursinc.com) and click on "Find Your School".**

Deadline for receipt of deposit is **JANUARY 18, 2024**. Payments may be made at any time with the final payment due **MARCH 26, 2024**. I recommend that you make reservations as soon as possible. **THE NUMBER OF RESERVATIONS ACCEPTED IS LIMITED BY BUS SIZE AND WILL BE BASED ON THE DATE DEPOSITS ARE RECEIVED.**

 **THIS FORM IS FOR ADULTS ONLY. ALL STUDENT REGISTRATIONS AND PAYMENTS ARE HANDLED BY THE SCHOOL.**

Sincerely,  
Laura Sutton

(detach)

Please print

ST. JOSEPH - WASHINGTON, D.C. – 2024

Name \_\_\_\_\_ Requested occupancy  
 Quad  Triple  Double  Single Requested occupancy is not guaranteed.  
Securing roommates is your responsibility.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email(trip use only) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I have read and understand the paragraphs in regard to Classic Tours, Inc. responsibility, cancellation policy and returned check fee located on reverse.

\_\_\_\_\_  
Signature

**RETURN THIS FORM ALONG WITH YOUR CHECK OR MONEY ORDER TO CLASSIC TOURS**

**PLEASE SEE REVERSE FOR CREDIT CARD PAYMENT**

Classic Tours, Inc. of Auburn, Indiana, the Tour Operator, its agents or employees, act as agents for passengers in all matters pertaining to transportation, admissions, hotel accommodations, meal arrangements, and sightseeing. Therefore, as agents they accept no responsibility in whole or in part for any delays, change of schedule or condition caused thereby, loss of or damage to baggage or any article belonging to the passenger, injuries to person or for any expenses of any kind or nature arising from any type of service booked through Classic Tours, Inc. The Tour Operator retains the right to cancel any trip without notice and in the event of unavailability to substitute hotels in similar categories.



**A billing statement will be sent to each tour participant prior to departure. It will include notice of any balance due; name, address and telephone number of the hotel; general information covering luggage and dress; information regarding roommate selection; and a health information form and student responsibility agreement. Payments may be made at any time. Please include the students name and school name with any correspondence. There is a \$15.00 return check fee.**

**CANCELLATION POLICY**

If you find it necessary to cancel a reservation you need to notify BOTH Classic Tours, Inc. and the school. Although you may cancel by calling Classic Tours, Inc., a refund will be made only after written notice of cancellation has been received. Receipt of deposit and/or reservation form initiates the cancellation policy schedule.

**SCHEDULE:**

1. Until reservation and deposit due date - Lose nothing; full refund
2. From deposit due date until 30 days prior to departure - Lose \$50 + any non-recoverable amounts.
3. 30 days or less prior to departure - Lose \$100 + any non-recoverable amounts.

Non-recoverable amount may include but are not limited to: hotel costs, admission costs and meal costs.

**THE ABOVE SCHEDULE APPLIES TO INDIVIDUAL CANCELLATIONS MADE BY PARENTS/GUARDIAN, TRIP SPONSOR OR SCHOOL AND GROUP CANCELLATIONS MADE BY CLASSIC TOURS, THE TRIP SPONSOR OR SCHOOL. ABOVE SCHEDULE ALSO APPLIES TO TRIP CANCELLATION DUE TO ACTS OF GOD AND/OR CIRCUMSTANCE BEYOND THE CONTROL OF ST. JOSEPH SCHOOL OR CLASSIC TOURS.**

For online registration, please visit our website at [www.classictoursinc.com](http://www.classictoursinc.com) and click on "Find Your School".

TO PAY BY CREDIT CARD PLEASE FILL OUT THE INFORMATION BELOW

Please print

Name \_\_\_\_\_  
AS IT APPEARS ON CARD

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card type:  Visa  Mastercard  Discover

Card number |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Security code |\_\_|\_\_|\_\_|  
Located on reverse

Expiration date |\_\_|\_\_| / |\_\_|\_\_|  
m m y y

Amount to charge |\_\_|,|\_\_|\_\_|\_\_|.|\_\_|\_\_| Signature \_\_\_\_\_