



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 Hamilton Heights Students and Parents:

This year I will be offering a trip to Gettysburg and Washington, D.C. for eighth grade students. Classic Tours of Auburn will be making the arrangements for us. This is a school-sponsored tour and, as such, all school rules will apply during the trip. The trip will be chaperoned by teachers and adults as needed.

We will depart from Hamilton Heights Middle School the evening of Wednesday, May 12, via motor coach. We will travel to Washington by way of Gettysburg and arrive at our hotel Thursday evening. We will leave Washington the evening of Sunday, May 16, and arrive back at Hamilton Heights Middle School early the next morning, Monday, May 17.

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

The student cost is \$1,152.00 per student and includes transportation, accommodations for three nights (quad occupancy), ten meals, sightseeing and admissions, evening activities and accident insurance (\$2500.00). Adult prices are as follows: Quad occupancy: \$1,162.00; triple occupancy: \$1,211.00; double occupancy: \$1,308.00; single occupancy: \$1,590.00. **Requested occupancy is not guaranteed and depends on the number of adults registered.** 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. **Reservation priority is for students. Adults may be placed on a waitlist.**

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

I am confident that a visit to Gettysburg and 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.

To make reservations, complete the bottom of this form, detach and mail in the envelope provided with your \$300.00 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, www.classictoursinc.com and click on "Find Your School".

Deadline for receipt of deposit is **JANUARY 15, 2027**. Payments may be made at any time with the final payment due **March 25, 2027**. 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.**

Sincerely,

Bryan Jones – bjones@hhschuskies.org

(detach)

Please print

HAMILTON HEIGHTS - WASHINGTON, D.C. – 2027

Please check ☐ Student ☐ Adult (Adults only—requested occupancy – ☐ Quad ☐ Triple ☐ Double ☐ Single Requested occupancy is not guaranteed.)
Securing roommates is your responsibility.

Name _____ Notification to Mrs. White or Classic Tours is required.

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's name _____

Email (trip use only) _____ Phone () _____

Required: Please indicated preference: ☐ Hat ☐ Visor

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

Parent/Guardian/Adult participant 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. Cancellation to Classic Tours can be made by emailing info@ClassicToursInc.com.

SCHEDULE: (per reservation)

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 amounts may include but are not limited to: hotel cost, meal cost, and admission tickets.)

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. THIS POLICY APPLIES TO TRIP POSTPONMENT OR CANCELLATION DUE TO ACTS OF GOD OR CIRCUMSTANCES BEYOND THE CONTROL OF THE TRIP SPONSOR, THE SCHOOL, OR CLASSIC TOURS.

For online registration, please visit 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 number | ____ | ____ | ____ | ____ | - | ____ | ____ | ____ | ____ | - | ____ | ____ | ____ | ____ | - | ____ | ____ | ____ | ____ |

Security code | ____ | ____ | ____ |
Located on reverse

Expiration date | ____ | ____ | / | ____ | ____ |
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Amount to charge | ____ | , | ____ | ____ | ____ | . | ____ | ____ | Signature _____