



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 Westville Students and Parents:

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

We will depart from Westville School the morning of Wednesday, October 21, via motor coach. We will arrive at our hotel in the D.C. area that evening. We will begin our tour of the city on Thursday, October 22. We will leave Washington the evening of Saturday, October 24 and arrive back at Westville School early the next morning, Sunday, October 25.

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

The student cost is \$1,616.00 per student and includes transportation, accommodations for three nights (quad occupancy), nine meals, sightseeing and admissions, evening activities and accident insurance (\$2500.00). Adult prices are as follows: Quad occupancy: \$1,626.00; triple occupancy: \$1,675.00; double occupancy: \$1,772.00; single occupancy: \$2,063.00. These prices are based on a minimum of 20 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. **** Adult occupancy requested is NOT guaranteed and depends on the number of adults registered. Each adult is responsible for finding roommates and contacting either Classic Tours or Mrs. Schnabel about their choice.**

Highlights of our trip will include a tour of Capitol Hill; a night tour of the memorials; visits to Arlington National Cemetery and Mount Vernon in Virginia; a fun evening activity; 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 or the enclosure, please feel free to contact me at school 785-2531 or pschnabel@westville.k12.in.us.

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 classictoursinc.com and click on "Find Your School".

Deadline for receipt of deposit is **June 25, 2026**. Payments may be made at any time with the final payment due **September 3, 2026**. 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. RESERVATION PRIORITY IS FOR STUDENTS. ADULTS MAY BE PLACED ON A WAITLIST.**

Sincerely,
Mrs. Schnabel

(detach)

Please print

WESTVILLE - WASHINGTON, D.C. – 2026

Please check Student Adult (Adults only—requested occupancy – Quad Triple Double Single

Requested occupancy is not guaranteed.)

Securing roommates is your responsibility

and notification to Mrs. Schnabel is required.

Name _____

Address _____ City _____ State _____ Zip _____

Parent's/Guardian's name _____

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.

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 costs, meal costs and admission 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 CIRCUMSTANCES BEYOND THE CONTROL OF THE SCHOOL OR CLASSIC TOURS.

For online registration please visit 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 | ____|____|____| _____ Expiration date | ____|____| / |____|____|
Located on reverse m m y y

Amount to charge | ____|,|____|____|____|.|____|____| Signature _____