



# NEW YORK CITY

*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 beloved city.*

Dear Carroll Students and Parents:

This year we will be offering a trip to New York City for the upcoming eighth grade class. Classic Tours of Auburn will be making the arrangements. This is a **NON-SCHOOL SPONSORED OR AFFILIATED TRIP**.

We will depart from Carroll Middle School the evening of Monday, July 15, via motor coach. We will arrive in New York City the following morning and begin our tour of the city. We will check into our hotel in New Jersey that evening. We will leave New York City the evening of Friday, July 19, and arrive back at Carroll Middle School early the next morning, Saturday, July 20.

The student cost is \$1,398.00-quad occupancy; \$1,440.00 triple occupancy; \$1,525.00 double occupancy. Price includes transportation, accommodations for three nights, seven meals, sightseeing and admissions, evening activities and accident insurance (\$2500.00). The adult costs are as follows: quad occupancy: \$1,419; triple occupancy: \$1,461.00; double occupancy: \$1,545.00; single occupancy: \$1,797.00. 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.

Highlights of our trip will include the Broadway play "Aladdin", a visit to the 9/11 Memorial Museum and the Freedom Tower, a Yankee's baseball game, a dinner/dance cruise in the harbor and a day tour including Rockefeller Center, Central Park, Chinatown, Little Italy, Greenwich Village and much more.

We are confident that a visit to New York City will provide a unique learning experience, as well as a valuable insight into one of our nation's beloved cities. If you have questions not answered by this letter please feel free to contact Jennifer Messer at [jennifer.messer@nacs.k12.in.us](mailto:jennifer.messer@nacs.k12.in.us), Sherri Foster-Kuhns at [sherri.foster-kuhns@nacs.k12.in.us](mailto:sherri.foster-kuhns@nacs.k12.in.us) or [classictoursinc@yahoo.com](mailto:classictoursinc@yahoo.com).

To make reservations and pay your initial deposit of \$500, **please visit [www.classictoursinc.com](http://www.classictoursinc.com) and click on "Find Your School"**. If you are not able to register online complete this form and mail with the deposit to Classic Tours, 3714 CR 40A, Auburn, IN 46703.

Deadline for receipt of deposit is **MARCH 28, 2024**. Payments may be made at any time with the final payment due **JUNE 3, 2024**. We 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,  
New York Trip Sponsors

(detach)

**Please print**

**CARROLL - NEW YORK - 2024**

Please check ☐ Student ☐ Adult

Requested occupancy – ☐ Quad ☐ Triple ☐ Double ☐ Single(adults only)

**Requested occupancy is not guaranteed**

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. 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 amounts may include but are not limited to: hotel costs, admission tickets and meals 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. THE ABOVE SCHEDULE ALSO APPLIES TO TRIP CANCELLATION DUE TO ACTS OF GOD AND/OR CIRCUMSTANCES BEYOND THE CONTROL OF TRIP SPONSORS OR CLASSIC TOURS

For online registration, please visit [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 |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|

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