WASHINGTON, D.C

Classic Tours, Inc.
Student Travel Specialists
3714 CR 40A, Auburn, IN 46706
Phone: 260-833-4471
www.ClassicToursInc.com

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 Gifford Students and Parents:

This year I will be offering a trip to Gettysburg and Washington, D.C. for eighth grade students and their parents. Classic Tours of Auburn, IN will be making the arrangements for us. This is a school-sponsored tour 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 Gifford Middle School the evening of Thursday, May 14, via motor coach. We will travel to Washington by way of Gettysburg and arrive at our hotel on Friday evening. We will leave Washington on the evening of Monday, May 18 and arrive back at Gifford Middle School early the next morning, Tuesday, May 19.

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

The student cost is $1,285.00 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: $1,295.00; triple occupancy: $1,343.00; double occupancy: $1,440.00; single occupancy: $1,732.00. ***Requested occupancy is not guaranteed and depends on the number of adults attending.*** 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 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; a dinner/dance cruise on the Potomac 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, classictoursinc.com and click on "Find Your School".

Deadline for receipt of deposit is **January 15, 2026.** Payments may be made at any time with the final payment due **APRIL 2, 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. McGowan

_____(detach)_____

Please print **GIFFORD - 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.

Name _____ Notification to Classic Tours is required.

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 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. 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 |____|____|____|
Located on reverse

Expiration date |____|____| / |____|____|
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Amount to charge |____|,|____|____|____|.|____|____| Signature_____